

FILED NOV 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40499**

BIRTH NO. _____ REG. DIST. NO. 36 PRIMARY REG. DIST. NO. 4531 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Warren <u>1090</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <u>2019</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Mem. Home		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) _____ c. (Last) Combs			4. DATE OF DEATH (Month) (Day) (Year) Oct. 19 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 10, 1876	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Benjamin Combs		13b. MOTHER'S MAIDEN NAME ? Haynes		14. NAME OF HUSBAND OR WIFE Amanda Combs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna Boehm, 4000 N. Grand, St. L.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the throat with metastasis to surrounding tissues.					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhage of Throat & Anemia 2nd degree				10 days	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 148X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			

22. I hereby certify that I attended the deceased from **Sept. 26, 1951** to **Oct. 19, 1951**, that I last saw the deceased alive on **Oct 19, 1951**, and that death occurred **all 1:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lloyd Logan			23b. ADDRESS Warrenton, Mo.			23c. DATE SIGNED 10-20-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 22, 1951		24c. NAME OF CEMETERY OR CREMATORY Lake Charles		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		
DATE REC'D BY LOCAL REG. 10-22-51		REGISTRAR'S SIGNATURE Lloyd Logan		421		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. W. Nieburg & Co, Warrenton, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 10 1951
RECEIVED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *John J. Schieberg*.....

Licensed Embalmer No. *3897*

P. O. Address *Warrenton, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.