No. 300
10-48

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6070

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1258

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Mo. 0

c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Incarnate Word Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

e. STREET ADDRESS (If rural, give location) 4024 Quincy Ave., 2019

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) William M. Comley, Sr. 0

4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1955

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec. 28, 1892

9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Food Color Worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Phillip Comley

13b. MOTHER'S MAIDEN NAME Viola Gelbreath

14. NAME OF HUSBAND OR WIFE Edith E. Comley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) world war I

16. SOCIAL SECURITY NO. 488-10-1339

17. INFORMANT'S SIGNATURE OR NAME Edith E. Comley ADDRESS 4024 Quincy Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bronchi Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bilateral Carcinoma of

DUE TO (c) the Adrenal Glands. 3 weeks +

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1/21-1-28

19b. MAJOR FINDINGS OF OPERATION Chronic appendicitis followed Evisceration & Ward Disruption

20. AUTOPSY? YES ☑ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 195X

22. *I hereby certify that I attended the deceased from* 21 Jan, 1955, *to* 9th Feb, 1955, *that I last saw the deceased alive on* 8 Feb, 1955 *and that death occurred at* 1 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William F. McClaurer MD

23b. ADDRESS 1619 Troy NE

23c. DATE SIGNED 2-9-55

24a. BURIAL, CREMATION, REMOVAL (Specify) removal Motor

24b. DATE 2-11-55

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jeff. Brks., Mo.

DATE REC'D BY LOCAL REG. FEB 10 1955

REGISTRAR'S SIGNATURE J. Earl Smith M.D. S.P.

25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Wm. McNamee
7619a Ivory Ave. Fl. 1-2237

1 to 3 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed David Van Fossan

Licensed Embalmer No. 424

P. O. Address 6327 So Gra

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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