

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41923

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10468

1. PLACE OF DEATH a. COUNTY			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 St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 6656 Mardel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital			3. NAME OF DECEASED (Type or Print) a. (First) HERSCHEL b. (Middle) STILLINGS c. (Last) COMBS			
4. DATE OF DEATH (Month) (Day) (Year) November 28, 1955			5. SEX Male			
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 1, 1912		9. AGE (In years last birthday) 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY General Sales Awnings Co.	11. BIRTHPLACE (State or foreign country) Corder, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry Clay Combs		13b. MOTHER'S MAIDEN NAME Lenna Cadell	14. NAME OF HUSBAND OR WIFE Josephine Spitale Combs			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 488-03-4439	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Josephine S. Combs, 6656 Mardel			
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) Cardio Infarction, mild ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Idiopathic cardiac hypertrophy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 11/22 1955, to Nov. 28, 1955, that I last saw the deceased alive on Nov. 28, 1955, and that death occurred at 3:30 p.m., from the causes and on the date stated above.						
23a. SIGNATURE <i>Thomas Allen</i> (Degree or title) M. D.		23b. ADDRESS Humboldt Med. Bldg.		23c. DATE SIGNED 11-29-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 1, 1955	24c. NAME OF CEMETERY OR REPOSITORY New St. Marcus	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		
DATE REC'D BY LOCAL REG. NOV 30 1955		REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Rd.			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Fred J. Farmer

Licensed Embalmer No. _____

4788

P. O. Address _____

St. Louis, Mo.

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

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