

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2621

FILED JAN 25 1957

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **171**

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 OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **S. O. A. City Hospital # 1** e. STREET ADDRESS (If rural, give location) **1239 1722 MISSISSIPPI**

3. NAME OF DECEASED (Type or Print) a. (First) **GOLDIE** b. (Middle) **GRACE** c. (Last) **COMER** 4. DATE OF DEATH (Month) (Day) (Year) **1-7-1957**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **DIVORCED** 8. DATE OF BIRTH **MAY 24, 1921** 9. AGE (In years last birthday) **35** IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 4 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWORK** 10b. KIND OF BUSINESS OR INDUSTRY **AT HOME** 11. BIRTHPLACE (City and State or Foreign Country) **GRANITE CITY, ILLINOIS** 12. CITIZEN OF WHAT COUNTRY? **U.S.**

13a. FATHER'S NAME **GEORGE SMALLWOOD** 13b. MOTHER'S MAIDEN NAME **MARTHIE COPELAND** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** 16. SOCIAL SECURITY NO. **UNKNOWN** 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS **George Smallwood Granite City, Ill.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Suffocation from the aspiration of blood**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) **Epilepsy**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) **Caracephaloid**  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **353.3** 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1000A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **George M. [Signature]** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **1/8/57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24b. DATE **1-8-1957** 24c. NAME OF CEMETERY OR CREMATORY **ST. JOHNS** 24d. LOCATION (City, town, or county) (State) **GRANITE CITY, ILLINOIS**

DATE REC'D BY LOCAL REG. **JAN 8 1957** REGISTRAR'S SIGNATURE **[Signature]** FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **[Address]**  
(Licensed Embalmer's Statement on Reverse Side)

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

**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.....  
Signature of Student Embalmer

Signed *Charles E. Mercer*.....

Licensed Embalmer No. *2980*

P. O. Address *Granite Ct*.....

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.