MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-018589

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1334

FILED MAY 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4031
2 4000.2
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4 0
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Normandy — Length of stay in 1b: 3 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Charles 1st Nursing Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Spanish Lake — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 2349 Fair Acres Rd. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Richard Middle: J. Last: McComb

4. DATE OF DEATH: Month 4 Day 21 Year 63

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/4/84
9. AGE (last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice President - Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Equip.
11. BIRTHPLACE (City and state or country): New Castle, Pa.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John C. McComb
13b. MOTHER'S MAIDEN NAME: (unknown) Johnson
14. NAME OF HUSBAND OR WIFE: Clara B. McComb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates c
16. SOCIAL SECURITY NO.: 95
17. INFORMANT: James McComb, 2349 Fair Acres Rd. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary arteriosclerotic heart disease — 3 yrs.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Uremia due to arteriolar nephrosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-27-60 to 4-21-63 and last saw him alive on 3-26-63
Death occurred at 10:45 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C. E. Mueller (Degree or title) M.D.
22b. ADDRESS: 634 N. Grand Blvd
22c. DATE SIGNED: 4-22-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal Air
23b. DATE: 4/22/63
23c. NAME OF CEMETERY OR CREMATORY: Oak Park Cemetery
23d. LOCATION (City, town, or county): New Castle (State) Pa.

24. FUNERAL DIRECTOR: Drehmann-Harral ADDRESS: 1905 Union
25. DATE RECD. BY LOCAL REG.: 4-22-63
26. REGISTRAR'S SIGNATURE: John C. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. E. Mueller
Mo. Theatre Bldg.

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 Warren A. Carver

Licensed Embalmer No. 353K

P. O. Address _____

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.