

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County

Township
or
Village
or
City St. Louis

Registration District No. 791 File No. 21887
1003
Primary Registration District No. 1003 Registered No. 6300
St. 17 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Andrew Holman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male **4 COLOR OR RACE** Negro **5 SINGLE MARRIED WIDOWED OF DIVORCED** Child
(Write the word)

6 DATE OF BIRTH 4 1 1916
(Month) (Day) (Year)

7 AGE 9 2 mos. ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION Child
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE Mo.
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER Mr. Holman
11 BIRTHPLACE OF FATHER Mo.
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Lillie Teach
13 BIRTHPLACE OF MOTHER Mo.
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lillie Holman
(Address) 2700 1/2 Morgan

15 Filed 25 1918 Max Starloff
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 24th 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 21, 1918, to June 24, 1918 that I last saw ~~her~~ him alive on June 23, 1918, and that death occurred, on the date stated above, at 2 P. m.

The CAUSE OF DEATH* was as follows:
Malarial Fever
101 04
(Duration)..... yrs..... mos..... ds.

CONTRIBUTORY Glandular Trouble
(Secondary) (Duration) 2 yrs..... mos..... ds.
(Signed) Geo. W. ... M. D.
June 25 1918 (Address) 264 1/2 Olive St.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.
Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Greenwood **DATE OF BURIAL** 6/26, 1918

20 UNDERTAKER A. Russell **ADDRESS** 2700 1/2 Morgan

