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

Do not use this space.

11258

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 791 1003

Township Primary Registration District No.

City (No. Mo Pac Hospital St. Ward)

File No.

Registered No. 3093

2. FULL NAME Geo. T. Holman

(a) Residence. No. Pineville, La St., 17 Ward. Pineville, La
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mable L. Holman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April-5-1874

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
53	11	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Locomotive Engineer

(b) General nature of industry, business, or establishment in which employed (or employer) Railroad

(c) Name of employer Mo. Pac. Railroad

9. BIRTHPLACE (CITY OR TOWN) Louisville
(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Wm. H. Holman

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ky.

12. MAIDEN NAME OF MOTHER Annie Daily

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mable L. Holman
(Address) Pineville, La.

15. FILED APR 19 1928, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-19- 1928

17. I HEREBY CERTIFY, That I attended deceased from March 7, 1928, to March 19, 1928 that I last saw him alive on March 19, 1928 and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C
107A
102

Broncho-Pneumonia

(duration) — yrs. — mos. 3 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis Hypertension
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) J. A. Lembeck, M. D.

, 19 (Address) 1755 S. Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (Via Alexandria) Pineville La

DATE OF BURIAL 3-21 1928

20. UNDERTAKER Peetz Bros. 3029

ADDRESS Lafayette