96

SEP 26 1929

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

Do not use this space.

31851

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No.

Township Primary Registration District No. 6248 B Registered No. 315

City Jefferson Brks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Edward Holmberg.

(a) Residence. No. 8145 Washington Blvd., St., Ward. - - - - - - - - - - - - - -
(Usual place of abode) Vinita Park, Mo. (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White.	Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Loretta Holmberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 27, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	35	6	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

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

(c) Name of employer Unknown.

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Sweden.

PARENTS

10. NAME OF FATHER Unavailable.

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

12. MAIDEN NAME OF MOTHER Unavailable.

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

14. INFORMANT L. A. Bradbury
(Address) L. A. Bradbury, Acting Clinical Director, U.S. Veterans Hospital, Jefferson Brks, Mo.

15. Filed Sept 3, 1929 L. E. Obrock M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 2, 1929

17. I HEREBY CERTIFY, That I attended deceased from September 19, 1928, to September 2, 1929 that I last saw him alive on September 2, 1929, and that death occurred, on the date stated above, at 3:55 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis, Pulmonary, chr. Far Advanced. active.

23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, X-Ray & Laboratory findings.

(Signed) W. C. Gibson, M.D.

, 19 (Address) Medical Officer In Charge. U.S. Veterans Hospital, Jefferson Brks, Mo.

*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 Calvary DATE OF BURIAL Sept 4 1929

20. UNDERTAKER Geraghty Und. Co. ADDRESS 4259 Lindell

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100

24

3