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.

791 1003

24631

File No.

Registered No. 6771

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis Mo. (No. , Sanitarium St. Ward)

2. FULL NAME Randol Holcombe

(a) Residence, No. 6907 Bleek St., 13 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 44 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: Lillian Holcombe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 22 1885

7. AGE: YEARS 47 | MONTHS 2 | DAYS 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Egg Dealer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Unknown 170

10. Date deceased last worked at this occupation (month and year): Unknown

11. Total time (years) spent in this occupation: Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Missouri

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Missouri

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Missouri

17. INFORMANT (ADDRESS): Bernard T. Koon 5300 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Pickers Cem. DATE July 23 1932

19. UNDERTAKER (ADDRESS): Croghan Und. Co. Inc. 7146 Manchester Ave.

20. FILED Jul 22 1932 Max C. Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1932, to July 21, 1932

I last saw him alive on July 21, 1932. Death is said to have occurred on the date stated above, at 9:40 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
General Paralysis of the Insane (Syphilis)	7/18/32 +
83	
34	

83

Other contributory causes of importance:

D

Name of operation none Date of

What test confirmed diagnosis Clinical + Lab Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Bernard T. Koon, M. D.

(Address) 5300 Arsenal St.