

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No.         ) Fernin Her Loge / 1st Ward (Ward)

File No. **22555**

Registered No. **6389**

**2. FULL NAME**

(a) Residence, No. Bird Holcomb St. 7th Ward. Freeburg Ill.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 30 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margret Friedrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 1854</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>5</u>
	DAYS <u>        </u>	If LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	11. Total time (years) spent in this occupation... <u>life</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>May 1934</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Freeburg Ill.</u>		
FATHER	13. NAME <u>Louis Holcomb</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Delilah Works</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Freeburg Ill.</u>	
17. INFORMANT <u>Margaret Holcomb</u> (ADDRESS) <u>Freeburg Ill.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Clywood Cem</u> DATE <u>July 1st 1934</u>		
19. UNDERTAKER <u>John J. Bredet</u> (ADDRESS) <u>Freeburg Ill.</u>		
20. FILED <u>V 29 1934</u> 19 <u>J. Bredet</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1934

22. I HEREBY CERTIFY That I attended deceased from 5/29 1934 to 6/29 1934.  
 I last saw him alive on 6/29 1934. Death is said to have occurred on the date stated above, at 7:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Hypertrophied Prostate Date of onset 1933  
Coronary Occlusion 6/21/34  
 Other contributory causes of importance 94 lb

Name of operation Prostatectomy Date of 6/16/34  
 What test confirmed diagnosis Microscopic section 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?  
 If so, specify.....  
 (Signed) R. B. Sauerbrey M. D.  
 (Address) Fernin Her Loge Hosp  
St Louis, Mo.

WRITE CLEARLY, 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.

