

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.

AUG 18 1936

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

Do not use this space.

28229

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No. **791**
Primary Registration District No. **1003**
(No. 2904a Arsenal St.)

File No. **6987**
Registered No.
St. Ward)

2. FULL NAME Sarah Holcomb

(a) Residence, No. 2904a Arsenal St. St. 16 Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marshall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cedar Rapids, Ia.
Ohio

FATHER 13. NAME John Homer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Elizabeth Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT W. J. Holcomb
(ADDRESS) 2904a Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marcus DATE 7/11/36

19. UNDERTAKER Edith E. Ambuster
(ADDRESS) 4234 Manchester

20. FILE JUL 10 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 5, 1936, to July 9, 1936
I last saw him alive on July 9, 1936. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Broncho Date of onset 17-90

Other contributory causes of importance: H6

Name of operation..... Date of.....
What test confirmed diagnosis? X-ray 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) R. Berg, M. D.
(Address) 2753 Nebraska Ave.

Admiral & Capt.
R. B. B. B.