JUL 27 1936

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 29370
Township Carondelet — Primary Registration District No. 6248 B — Registered No. 272
City Jefferson Barracks (No. Vets. Adm. Fac. ~~Missouri~~ St. Ward)

2. FULL NAME Clarence E. HOLCOMB
(a) Residence, No. 440 S. Gore St., St., Ward. Webster Groves, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? un yrs. kno mos. wn 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 ~~[illegible]~~ OF Mrs. Lilly Holcomb

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1892

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
43	11	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Government
10. Date deceased last worked at this occupation (month and year) June 30, 1936
11. Total time (years) spent in this occupation 16 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER
13. NAME Eugene Holcomb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

MOTHER
15. MAIDEN NAME Carrie Heinrick ~~? Rinelander~~
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Alice Selvaggi Acting Clinical Clerk

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hiram Cemetery St. Louis County ~~Natural Bridge~~ DATE July 16 1936

19. UNDERTAKER (ADDRESS) McLaughlin 2301 W. Lockwood - Webster Groves

20. FILED July 13, 1936 G. Mowry per S.D.J. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1936 to July 13, 1936
I last saw him alive on July 13, 1936. Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis, left	unknown

Other contributory causes of importance:

Absence acquired right kidney	unknow
Uremia	

Name of operation none Date of
What test confirmed diagnosis? phy. exam. clinical manifestations laboratory 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) C.W. Hughes, M. D.
(Address) C.W. HUGHES, M.D. Chief Medical Off. Jefferson Barracks, Mo.

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 PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD