27 1938 REC'D SEP 9 1938

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

Do not use this space.

30057

1. PLACE OF DEATH
County Saint Louis — Registration District No. 784 — File No.
Township Carondelet — Primary Registration District No. 200 — Registered No. 1419
City ~~Jefferson Barracks~~ (No. VAm. Facility St. Ward)

2. FULL NAME Eugene HOLSEY
(a) Residence, No. 400 So. Garrison Ave., St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unkn. 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Louise Holsey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1893

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
45	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railroad
10. Date deceased last worked at this occupation (month and year) Feb. 1938
11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Georgia.

FATHER
13. NAME Green Holsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Georgia.

MOTHER
15. MAIDEN NAME Carolina (????)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Georgia

17. INFORMANT (ADDRESS) Clinical Clerk VAF Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Aug. 29, 1938

19. UNDERTAKER (ADDRESS) Charles J. Gates 4107 Finney Avenue

20. FILED AUG 27 1938 19 P R Meyer M D Dir P H Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938, to August 23, 1938
I last saw him alive on August 23, 1938. Death is said to have occurred on the date stated above, at 12:45 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion, arteriosclerotic	Unkn

Other contributory causes of importance:
Myofibrosis with cardiac hypertrophy Unkn.

Name of operation None Date of
What test confirmed diagnosis? Autopsy findings. Clinical manif. lab. phy Was there an autopsy? YES

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 C. W. Hughes
(Signed) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF 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.

STATEMENT BY LICENSED EMBALMER

I, James A. Johnson, hereby certify that I embalmed the body whose name is recorded on the reverse side of this certificate.

James A. Johnson

Licensed Embalmer No. 3522

4107 Finney Avenue, St.Louis,Missouri.