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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9071

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2554

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 day's (Specify whether
In this community 65 Year's
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 1241 Bayard
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Fred S. Holcomb

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida M. Harker Holcomb.

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased Feb. 3, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 15 If less than one day hr. min.

9. Birthplace Clinton, Illinois.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Brick Mason

11. Industry or business

FATHER
12. Name Sylvanter Holcomb
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eliza Thurston
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Robt A Holcomb
(b) Address 9116 Conway Road, Ladue

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof March 19, 1940
(Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wm F. Paschedag
(b) Address 2825 N. Grand Blvd.

19. (a) MAR 18 1940 (Date received local registrar) (b) J F Paschedag (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17th
year 1940 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from March 13, 1940 to March 17, 1940
that I last saw him alive on March 17, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Emphalomalacia	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Jas Z. Lane (M. D. or other)
Address 1515 Lafayette, Date signed 3/18/40

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.