

No. 2  
-13-40  
-17-39  
X23159

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution St. Luke's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 36 Hours  
(Specify whether years, months or days)  
In this community 38 Years

3. (a) PRINT FULL NAME Charles L. Holman

3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex Male / race White  
5. Color or race White  
6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Mary E. Holman  
6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased July 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 17  
If less than one day hr. min.

9. Birthplace Lawrence / Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired President

11. Industry or business Laclede Gas Co.

12. Name James E. Holman

13. Birthplace Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Sherwood

15. Birthplace New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss D. S. Stillman

(b) Address 707 Kent Rd. Kennilworth Ill.

17. (a) Burial (b) Date thereof 6/26/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St. St. Louis Mo.

19. (a) JUN 25 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ladue  
(If outside city or town limits, write "RURAL")  
(d) Street No. Warson & Litzinger Rds.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1941 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from December 1935 to June 21 1941  
that I last saw him alive on June 21 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis  
few minutes

Due to gout 20 yrs.  
ant. stroke 5 yrs.

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: 94  
Of operations —  
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? —

While at work? (Specify type of place) (e) Means of injury —

23. Signature [Signature] (M. D. or other) M.D.  
Address 3720 W. Washington Date signed 6-23-41

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

10  
7  
7

**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.....

Robert T. Sangster

Registered Apprentice No. 259

working under my personal supervision.

Signed

*Neville B. Holwetter*

Licensed Embalmer No. 3696

P. O. Address St. Louis, Mo.

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

**If this body is not embalmed, fact should be so stated above.**