

FILED  
OCT 18 1941  
791

STANDARD CERTIFICATE OF DEATH

State File No. 30084

Registration District No. Primary Registration District No. 1003

Registrar's No. 7423

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 Days  
(Specify whether  
In this community years, months or days) C

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3225 Montgomery St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 12,  
year 1941 hour 2:15 minute P. M.  
21. I hereby certify that I attended the deceased from September  
10, 1941 to September 12, 1941  
that I last saw him alive on September 12, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Arteriosclerosis  
Cardiac enlargement

Duration

Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations  
Of autopsy  
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) (c) Means of injury

23. Signature M. M. Karl (M. D. or other)  
Address 1515 Lafayette Ave., Date signed 9/12/41

3. (a) PRINT FULL NAME George Holcombe

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

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emma Holcombe 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April 6 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 6 hr. min.

9. Birthplace Columbia S. Carolina  
(City, town, or county) (State or foreign country)

10. Usual occupation Construction Engineer

11. Industry or business Retired

12. Name John Holcombe

13. Birthplace Unknown S. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Felicia Boles

15. Birthplace Unknown S. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Holcombe

(b) Address 764 Clara Ave.

17. (a) Burial (b) Date thereof 9 -15-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) SEP 14 1941 (b) J. P. Bredack  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

**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.....

*Fred Frick*

Licensed Embalmer No. 3186

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.**