S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 7 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35491

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 9802

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: De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 13 96
(c) City or town Overland (If outside city or town limits, write "RURAL") INR.
(d) Street No. 2313 Woodson Rd (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Victor Holman
3. (b) If veteran, name war World War #2
3. (c) Social Security No. 489-28-2878
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct (Month) 29 (Day) 1917 (Year)
8. AGE: Years 35 Months 0 Days 22 If less than one day hr. min.
9. Birthplace U S A (City, town, or county) (State or foreign country)
10. Usual occupation Contractor-Tinner
11. Industry or business Sheetmetal + Heating
12. Name John Holman (Father)
13. Birthplace Leopold Indiana (City, town, or county) (State or foreign country)
14. Maiden name Mary E. Frenchville (Mother)
15. Birthplace Leopold Ind. (City, town, or county) (State or foreign country)
16. (a) Informant Ada B Holman
(b) Address Overland Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/23/42 (Month) (Day) (Year)
(c) Place: burial or cremation Tell City Indianna
18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland - Overland Mo.
19. (a) NOV 24 1942 (Date received local registrar) (b) J. J. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1942 hour — minute 5:50 PM.
21. I hereby certify that I attended the deceased from Oct 20 1942 to Nov 21 1942 that I last saw h— alive on Nov 21 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute myelogenous Leukemia	5 1/2 months
Due to —	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Memphis Tennessee	

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 [illegible] (M. D. or other)
Address 539 N Grand Date Nov 22 1942

(Licensed Embalmer's Statement on Reverse Side)

2086

2086

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.....A. C. Ostmann.....

Licensed Embalmer No.....3478.....

P. O. Address.....

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.