

XC-755 FILED MAR 5 1956
REG. NO. 14307
SL-8938

1956 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6650
State File No. _____
Registrar's No. 1560

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. GRAND, ST. LOUIS, MO.		c. LENGTH OF STAY (in this place) 2 DAYS	c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) 5 5679 CABANNE 20570			
3. NAME OF DECEASED (Type or Print) ARCHIE C. HOLMAN			a. (First)	b. (Middle)	c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) 2-12-56						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-18-88	9. AGE (In years: last birthday) 68	10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY PUBLIC SERVICE	11. BIRTHPLACE (City and State or Foreign Country) SALEM, MO.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME JOHN HOLMAN		13b. MOTHER'S MAIDEN NAME EMILY POTTER		14. NAME OF HUSBAND OR WIFE CATHERINE HOLMAN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSP. RECORDS, ST. LOUIS, MO. ADDRESS				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.						
MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES		THROMBOTIC OCCLUSION OF LEFT ANTERIOR DESCENDING CORONARY ARTERY WITH MYOCARDIAL INFARCTION AND PERFORATION OF LEFT VENTRICULAR WALL WITH HEMOPERICARDIUM			INTERVAL BETWEEN ONSET AND DEATH Unknown	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-10, 1956, to 2-12, 1956, and that death occurred at 8:40 p.m., from the causes and on the date stated above.						
23a. SIGNATURE J. D. Kaminski		23b. ADDRESS M.D. VAH, 915 N. GRAND, ST. LOUIS, MO.		23c. DATE SIGNED 2-13-56		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 2-16-56	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. FEB 14 1956	REGISTRAR'S SIGNATURE J. Paul Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Edw. Fendler, 5611 S. Grand avenue			

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Myland*.....

Licensed Embalmer No. 45.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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