

FILED APR 6 - 1956

STANDARD CERTIFICATE OF DEATH

State File No. **10879****318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **3187**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3187	
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 town or township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL #1.				e. STREET ADDRESS (If rural, give location) 3633 Cotán Brillante Av. 2119			
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) W. c. (Last) HOLCOMB			4. DATE OF DEATH (Month) (Day) (Year) MARCH 28, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 25, 1873	
9. AGE (In years) 82		10. a. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Unemployed		11. BIRTHPLACE (City and State or Foreign Country) Calhoun Ga.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Barry Holcomb		13b. MOTHER'S MAIDEN NAME Sallie Ramsey		14. NAME OF HUSBAND OR WIFE Virginia Pope	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 489129996		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Harry Holcomb, 4706 Louisa St. St. Louis, Mo.			
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) Advanced Pulmonary Tuberculosis ANTECEDENT CAUSES DUE TO (b) Malnutrition (Active) DUE TO (c) Fracture of Right Left Hip 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 O.K. In 2 weeks good recovery 3/19/56				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.) at home		21c. CITY, TOWN, OR TOWNSHIP St. Louis, Mo.		21d. COUNTY (STATE) 002 x F	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-11-56 ? m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell at home E904-0			
22. I hereby certify that I attended the deceased from 3-25 , 1956, to 3-28 , 1956, that I last saw the deceased alive on 3-28 , 1956, and that death occurred at 12:15 a. , from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) Dorcas M. Barnstein MD				23b. ADDRESS 1515 LAFAYETTE AVE.		23c. DATE SIGNED 3-28-56.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/30/56		24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE Paul Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS LAWRENCE MULLEN & SONS 5165 Delmar Bl.			

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.....
Ben E. Hoffman

Licensed Embalmer No. *4*

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.

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