

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38730

State File No. _____

FILED OCT 18 1957

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2348

1. PLACE OF DEATH
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Manchester, Mo.
c. LENGTH OF STAY (in this place) 2 mos.

c. CITY OR TOWN ST LOUIS ²¹⁸⁹
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Nursing Home
STREET ADDRESS (If rural, give location) 18 3229 CAROLINE

3. NAME OF DECEASED
a. (First) HARRY
b. (Middle) G.
c. (Last) HOLMAN

4. DATE OF DEATH (Month) (Day) (Year)
Sept. 19, 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 6/19/1881

9. AGE (In years last birthday) 76
IF UNDER 1 YEAR Months _____
IF UNDER 12 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Unknown

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Chas. Holman

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Cecelia Holman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W W I

16. SOCIAL SECURITY NO. 326-18-9136

17. INFORMANT'S SIGNATURE OR NAME Manchester, Missouri
Pine Crest Nursing Home, Missouri

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

18. MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Hypertension
DUE TO (c) Anterior Sclerosis
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
4221

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15th Aug, 1957, to Sept 19, 1957, that I last saw the deceased alive on Sept 18, 1957 and that death occurred at 8:35A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. W. Allen

23b. ADDRESS Richard H. 1726 Del Norte

23c. DATE SIGNED 9/20/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/23/57

24c. NAME OF CEMETERY OR CREMATORY National Cemetery

24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. 9-23-57 REGISTRAR'S SIGNATURE Heber K. Donker

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Louis H. Hoffm. Richard

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 12 1958

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 *Kenneth J. [Signature]*
Licensed Embalmer No. *4512*
P. O. Address *[Signature]*

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.