Health, Welfare Public Service

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FILED APR 28 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-016848
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1105

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Berkerley — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 8632 Wabash Av. — Length of stay in 1b: 4 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Berkerley 4040 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 8632 Wabash Av. — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Mary Middle: Agnes Last: Holcomb

4. DATE OF DEATH Month: 4 Day: 19 Year: 58

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 1/7/01

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (City and state or country): Lima, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Coleman

13b. MOTHER'S MAIDEN NAME: Mary Prendergast

14. NAME OF HUSBAND OR WIFE: Virgil V. Holcomb

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Virgil V. Holcomb Address: Berkerley 8632 Wabash Av.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Carcinoma of Pancreas with metastasis to Liver — INTERVAL BETWEEN ONSET AND DEATH: 4 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 157X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 11, 1958, to Apr 1958 and last saw her alive on 4/17/58
Death occurred at 5 P.M. on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE M D Johnson M D (Degree or title)

22b. ADDRESS: 40 N. Florissant Rd.

22c. DATE SIGNED: 4-19-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 4/22/58

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS: White-Mullen 118 N. Florissant Rd.

25. DATE RECD. BY LOCAL REG.: 4-21-58

26. REGISTRAR'S SIGNATURE: Herbert R. Donke M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Eleanor Prince

Licensed Embalmer No. 3403

P. O. Address Jennings

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.