WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25985

Township ..... Primary Registration District No. 1003 Registered No. 7850

City St. Louis (No. Mo Baptist Sant St. ..... Ward)

2. FULL NAME Duane D. Holmes

(a) Residence. No. 1409 Rankin Blvd (Usual place of abode) 22 Ward. ..... (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inga Holmes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 30 1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
56.	11	29.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Lawyer 131 97
(b) General nature of industry, business, or establishment in which employed (or employer) 1326
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hermitite
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER John Holmes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Michigan
12. MAIDEN NAME OF MOTHER Theresa Kingsbury
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) New York

14. INFORMANT Mrs Inga Holmes
(Address) 1409 Rankin Blvd

15. FILED 31 1928 Max C Starkloff REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29th 1928

17. I HEREBY CERTIFY, That I attended deceased from 7/20, 1928, to 7/29, 1928 that I last saw him alive on 7/28, 1928, and that death occurred, on the date stated above, at 1:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

uremia

1 29 A (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic nephritis + arterio Schlerosis (duration) 1 yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓

6 DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical + Laboratory

(Signed) John D Pope, M. D

7/31, 1928 (Address) 1492 Hodiamont av.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Lake Charles
DATE OF BURIAL: July 31 1928

20. UNDERTAKER: C. R. Lupton and Sons
ADDRESS: 4449 Olive

~~6123 Easton Ave~~
~~1-4 pm~~
Cab 7005

Jno D Poe — at 9 30 am.
1492 a Hodiment Cab 4740
6851
6249 Washington —