

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

Do not use this space.

26089

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis (No. 3670, Laclede)

File No.....  
Registered No. 7283  
St. .... Ward 1

**2. FULL NAME**

Elizabeth A Holmes  
(a) Residence. No. .... St. 18 Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

Female White single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>abt. 53</u>				

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Nurse  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY) New York

10. NAME OF FATHER James A Holmes

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Hannah Lane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....  
(STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. M. J. Martin  
(Address) 3670 Laclede

15. FILED 17 12 1926 May C. J. Starnes  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1926 to July 11 1929, and that I last saw her alive on July 11 1929, and that death occurred, on the date stated above, at 3 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

943 Angina Pectoris  
944 Sclerosis of coronary arteries  
(duration) - yrs. 5 mos. 23 ds.

CONTRIBUTORY (SECONDARY) Sclerosis of coronary arteries  
(duration) - yrs. 5 mos. 23 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. 3670 Laclede

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WHAT TEST CONFIRMED DIAGNOSIS? General symptoms  
(Signed) W. E. Sturke, M. D.

111, 1924 (Address) 306 Chemical Bldg

\*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 Calvary DATE OF BURIAL 7-13 1929

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2639 Hoch St

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.

5-2243

CONTINUING THROUGH THIS IS A PERMANENT RECORD

Dr. W. E. Bennett

Chemical Dept.

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