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.

17886

File No. .....

Registered No. 4840

1. PLACE OF DEATH

County ..... Registration District No. 1008 (701)

Township St Louis Mo Primary Registration District No. #2

City ..... (No. City Hospital #2 St. ..... Ward)

2. FULL NAME William Holmes

(a) Residence, No. 2319 Pine St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 9 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1926

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	5	9	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

FATHER

13. NAME Walter Holmes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER

15. MAIDEN NAME Jennie Banks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT (ADDRESS) Mrs Gertrude Creath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 5-19-32

19. UNDERTAKER (ADDRESS) Ellis Funeral Home, 2820 Shaw Blvd.

20. FILED MAY 18 1932 Mary C. Sturdevant Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15-1932

22. I HEREBY CERTIFY, That I attended deceased from 5-13, 1932, to 5-15-1932, 19....

I last saw him alive on 5-15, 1932, 19.... Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	
9/A	
R.A.D.	

Other contributory causes of importance:

Endocarditis (Sub-acute)	

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) C. Smith, M. D.

(Address) City Hospital #2