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.

MAY 7 1936

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

Do not use this space. 17379

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Deaconess Hosp St. ..... Ward)

File No. ..... Registered No. 4143

2. FULL NAME Lloyd Holmes

(a) Residence, No. 2003 Urban Dr. St., NR Ward. Brentwood, Mo
(Usual place of abode) (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 Laura May Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4-1898

7. AGE: YEARS 37 MONTHS 6 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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) ~~Attorney~~ Mo

FATHER
13. NAME Price Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Rose Noll
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Laura May Holmes 2003 Urban Dr. Brentwood Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 4-18- 1936

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED APR 16 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr-15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr-12, 1936, to Apr-14, 19..

I last saw him alive on Apr-14, 1936 Death is said to have occurred on the date stated above, at 6:10 AM

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

	Date of onset
Chronic Nephritis	3 yrs
Uremia — 48 hr	

Other contributory causes of importance: None

Name of operation None Date of .....

What test confirmed diagnosis? Lab Was there an autopsy? Yes

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) Herbert G Lund, M. D.
(Address) 3651 Grandel Sq