

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.

NOV 4 1936

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

Do not use this space.

791
1003

394071

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. 4120.A.Enright, St. Ward)

File No.
Registered No. 10446

2. FULL NAME Annie Holmes,

(a) Residence, No. 4120.A.Enright, St. 19 Ward.
(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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>A.B. Holmes,</u>		

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 1st, 1903.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs.min.
	<u>33</u>	<u>2</u>	<u>13</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic-duties,</u>
	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) Holley-Springs,
(STATE OR COUNTRY) Miss.

13. NAME Andrew Dean,

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

15. MAIDEN NAME Lucy Stephens,

16. BIRTHPLACE (CITY OR TOWN) Father Dickson Cem'
(STATE OR COUNTRY) MISS.

17. INFORMANT Mrs. J.L. Ivory.
(ADDRESS) 3505. Franklin, Ave,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 10/18 1936

19. UNDERTAKER R.C. Houston, Jr.
(ADDRESS) 2812, Thomas, St Louis, Mo

20. FILED OCT 17, 1936 J.P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 14 th, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 11 1936, to Oct 14 1936
I last saw him alive on Oct 14 1936. Death is said to have occurred on the date stated above, at 12:10 P.M.
The principal cause of death and related causes of importance were as follows:

Acute myocardial infarction
caused
by a cold.
Date of onset 10/6/36
Other contributory causes of importance:
Cold non specific

Name of operation Autopsy Date of 10/14/36
What test confirmed diagnosis Microscopic 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? Yes
If so, specify.....

(Signed) J.G. Lawrence M. D.
(Address) 1711 N. 10th St.

