

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

Do not use this space.

21353

1. PLACE OF DEATH WIN 29 1937  
 County Saint Louis Registration District No. 1123  
 Township Carondelet Primary Registration District No. 6248B  
 City Jefferson Barracks (No. Veterans Facility) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME George HOLMES  
 (a) Residence, No. 1548 South 7th Street St. \_\_\_\_\_ Ward Saint Louis, Missouri  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. Unkn. mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 199  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 OR (OR) WIFE OF Mrs. Mildred Holmes  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1895  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
41 6 7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937  
 22. I HEREBY CERTIFY, That I attended deceased from April 9, 1937 to May 10, 1937  
 I last saw him alive on May 10, 1937 Death is said to have occurred on the date stated above, at 12:40 m. A.M.  
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Steel Worker  
 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) May 1936 11. Total time (years) spent in this occupation about 18 yrs.

PNEUMONIA, Broncho- right Date of onset Unkn

12. BIRTHPLACE (CITY OR TOWN) Jerseyville (STATE OR COUNTRY) Illinois

Other contributory causes of importance:  
Korsakoff's Syndrome Unkn  
Chronic Alcoholism Unkn

13. NAME William Holmes

Name of institution None  
Div. of Clinical Manif. and Laboratory  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? NO

14. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Mary Oliver

16. BIRTHPLACE (CITY OR TOWN) ? (STATE OR COUNTRY) Illinois

17. INFORMANT Clinical Clerk M. Schuller (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Alton, Ill. DATE May 13, 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED May 11 1937 G. Mowery Registrar

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 alcoholism  
 (Signed) C. W. HUGHES, Chief Med. Officer, D. (Address) VAF Jefferson Barracks, Mo.

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.

9  
2  
2  
2

*107a*

