SEP 10 1937

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

Do not use this space.

29106

File No. 7739

Registered No.

1. PLACE OF DEATH

County

Township

City Saint Louis (No. 3223 Lucas Avenue, St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Carrie Holmes

(a) Residence, No. 3223 Lucas Avenue 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-28-1885

7. AGE: Years 52 | Months 11 | Days 14 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Little Rock (STATE OR COUNTRY) Arkansas

FATHER

13. NAME George Patterson

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

MOTHER

15. MAIDEN NAME Malinda-Unavailable

16. BIRTHPLACE (CITY OR TOWN) Bridgeton (STATE OR COUNTRY) Missouri

17. INFORMANT Andrew Fletcher (ADDRESS) 1014 North 17th Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park Father Dickson DATE Aug. 15, 1937

19. UNDERTAKER Ellis Funeral Home. (ADDRESS) 2820 Stoddard St.

20. FILED AUG 17 1937 19 J. J. Bielack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-30, 1937, to August 11, 1937

I last saw h. or. alive on August 11, 1937. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

	Date of onset
Chron. Myo-Carditis	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Clinical Symptoms 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) F. E. Walthall M.D., M. D.

(Address) 1001 North Jefferson Ave.

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.