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.

REC'D JUN 9 1938

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

16938
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 4799

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
(d) Street No. Homer Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ben Holmes 452
(a) Residence, No. 708 Delmar St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 27, 1883

7. AGE: Years 54 | Months 8 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: nil
9. Industry or business in which work was done, as 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): Louisiana

FATHER
13. NAME: Ben Holmes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

MOTHER
15. MAIDEN NAME: Rachel Morgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisiana

17. INFORMANT (ADDRESS): Evelyn Hilliard, 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 5-27-38, 19

19. FUNERAL DIRECTOR (NAME) Ira Hamilton
(ADDRESS) City Health Dept.

20. FILED MAY 25 1938, 19 J. D. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 8, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 19 37, to Dec. 8, 19 37
I last saw him alive on Dec. 8, 19 37. Death is said to have occurred on the date stated above, at 1:30p m.
The principal cause of death and related causes of importance were as follows:

Luetic heart disease — Date of onset 11//1/37

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? clinical Was there an autopsy? no

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. L. Scruggs, M. D.
(Address) 2601 N Whittier

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

on _____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed_____

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.