

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH4-28-38
26828-1-38
Do not use this space. 4220

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis, Mo. (d) Street No. 6115 Hoffman, Ave. St. 6115 Hoffman, Ave.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George W. Holmes
 (a) Residence, No. 6115 Hoffman, Ave. St. 3 (If nonresident, give city or town and State)

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 Ruth Reynolds Holmes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 2/1889.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 1 28
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
 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) Unk.
 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER 13. NAME John W. Holmes

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

MOTHER 15. MAIDEN NAME Mary Steers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk. Unk.

17. INFORMANT (ADDRESS) Mrs. George Holmes 6115 Hoffman Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE VALENTIA LACREM. 8-2-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe, Inc. 429 N. Euclid Ave.

20. FILED AUG 1 1938 19 J. D. Brueck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30/ 1938.

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1938, to July 30, 1938
 I last saw him alive on July 30, 1938 Death is said to have occurred on the date stated above, at 4:30 P. M.
 The principal cause of death and related causes of importance were as follows:

Bacterial Endocarditis Date of onset 3-1-38

Other contributory causes of importance:
Streptococcal Infection 4-4-38

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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? NO.
 If so, specify None
 (Signed) Arthur Bohannon, M. D.
 (Address) 2602 S. Grand St.

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,

....., or by

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

Signed.....

Albert N. Wapp

Licensed Embalmer No. *1861*

P. O. Address.....

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

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