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 DEC 12 1938

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

37783
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 10110

1. PLACE OF DEATH
(a) County
(b) Township
(c) City Saint Louis (d) Street No. Homer G. 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 Unavailable yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

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2. PRINT FULL NAME Louise Holmes
(a) Residence, No. 28 South Channing Avenue St. 18
(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: 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: Jerry Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown- 1903

7. AGE: Years 35 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Nov. 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Starkville Mississippi

FATHER
13. NAME: Doc McKell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Mississippi

MOTHER
15. MAIDEN NAME: Ivy---Unavailable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unavailable Mississippi

17. INFORMANT (ADDRESS): Jerry Holmes 28 South Channing Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Nov. 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Charles J. Oates 4107-09 Finney Avenue

20. FILED NOV 22 1938 19 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1938, to November 20th, 1938
I last saw her alive on November 20th, 1938 Death is said to have occurred on the date stated above, at 3:25p m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis — Date of onset 11/12/38

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Other contributory causes of importance:
Pulmonary edema, no pneumonia
non tuberculosis

Name of operation Date of
What test confirmed diagnosis? clinical 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? No
If so, specify
(Signed) Lewis Blache, M. D.
(Address) Homer G. Phillips Hospital

(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, ...

James A. Johnson, or by .....,

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

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Ave.

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.