

DEC'D MAR 13 1939

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

4579  
Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City ST LOUIS

791  
1003  
 Registration District No.....  
 Primary Registration District No.....  
 (d) Street No. DRACONESS 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 — yrs. — mos. 9 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1272

## 2. PRINT FULL NAME

MARGARET HOLMES IRISH  
 (a) Residence, No. S ROCK HILL RD. St. N.R. ST LOUIS CO.  
 (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 <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>HENRY C. IRISH</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 2 - 1865</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>9</u>	DAYS <u>6</u> If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>AT HOME</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year).....	
	11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>GATHAM</u> (STATE OR COUNTRY) <u>ONTARIO CANADA</u>		
FATHER	13. NAME <u>H. I. HOLMES</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>—</u> (STATE OR COUNTRY) <u>CANADA</u>	
MOTHER	15. MAIDEN NAME <u>ANN SIELY</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>—</u> (STATE OR COUNTRY) <u>CANADA</u>	
17. INFORMANT <u>Henry C. Sely</u> (ADDRESS) <u>South Rock Hill Rd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>COLDWATER MICH</u> DATE <u>FEB 10 - 1939</u>		
19. FUNERAL DIRECTOR <u>Parker Undert Co.</u> (ADDRESS) <u>W B ST GROVES, MO.</u>		
20. FILED <u>FEB 9 1939</u> <u>J. D. Budick</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 8 1939

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 31, 1939, to FEBRUARY 8, 1939  
 I last saw h. e. alive on FEBRUARY 7, 1939 Death is said to have occurred on the date stated above, at 4: PM.  
 The principal cause of death and related causes of importance were as follows:  
CEREBRAL HEMORRHAGE  
 Date of onset 1-31-39

Other contributory causes of importance:  
ARTERIOSCLEROSIS

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? N.O.

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 Arthur W. Westrup, M. D.  
 (Signed) Arthur W. Westrup, M. D.  
 (Address) 264 E. BIG BEND WEBSTER GROVES, MO.

**STATEMENT BY LICENSED EMBALMER**

I, E. C. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed E. C. Aldrich

Licensed Embalmer No. 1332

**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.)**