

REC'D MAR 13 1939

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

791
1003

4779
Do not use this space.

Registered No. 1472

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
(b) Township St. Louis Primary Registration District No. 2842a Delmar
(c) City St. Louis (d) Street No. 2842a Delmar St. 21
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2842a Delmar St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17, 1883

7. AGE YEARS 55 MONTHS 5 DAYS 23 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Nil
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

FATHER
13. NAME Peter Dupree

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

MOTHER
15. MAIDEN NAME Nellie P

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

17. INFORMANT (ADDRESS) Henry Thomas
2842a Delmar

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE Feb 16 1939

19. FUNERAL DIRECTOR (ADDRESS) F. O. Greer
2915 Franklin Ave

20. FILED FEB 15 1939 J. J. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1939 to Feb 9 1939

I last saw him alive on Feb 6 1939 Death is said to have occurred on the date stated above, at 9:15 pm

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

Chronic myocarditis Date of onset

Hypertension

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? chem 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? no

If so, specify

(Signed) W. A. Mueller M. D.

(Address) 2735th R. 1st St

STATEMENT BY LICENSED EMBALMER

I, F. A. Green, Licensed Embalmer No. 2963
hereby certify that the body recorded on the reverse side of this certificate was embalmed by F. A. Green
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed F. A. Green
Licensed Embalmer No. 2963

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.)