

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

20459
 Do not use this space.

1939 JUL 12 1939

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis Mo. (d) Street No. BARNES 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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

452 FLORENCE REBECCA HOLMES
 (a) Residence, No. 4594 ALDINE St. 11
 (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 Charles Holmes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk. 1974

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 63 — — — — —

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 (year) 1939 and (year) 11. Total time (years) spent in this occupation. Unk.

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

FATHER 13. NAME Washington Bain

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

MOTHER 15. MAIDEN NAME Susan-Unavailable

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

17. INFORMANT (ADDRESS) Charles Holmes
4594 Aldine Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jun, 30, 1939

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

20. FULL TIME JUN 30 1939
J. F. Beduch
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-23-39, 1939, to 6-27-, 1939

I last saw her alive on 6-27-, 1939. Death is said to have occurred on the date stated above, at 10:10 a.m.

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

Intestinal obstruction
Fecal fistula
Pulmonary Embolus no known cause
caused by adhesions from old operation. unable to get
 Other contributory causes of importance:
history on same 1228.

Date of onset
5-13-39
6-10-39
6-27-39

Name of operation Exploratory laparotomy Date of 5-25-39
 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 (THOMAS H. BYRFORD)
 (Signed) Thomas H. Byrford M. D.
 (Address) BARNES HOSPITAL

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.

STATEMENT BY LICENSED EMBALMER

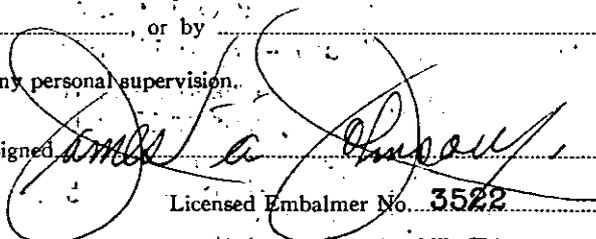
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

James A. Johnson

or by

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

Signed


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.