DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34272

Registration District No. 1791 1008 Primary Registration District No. Registrar's No. 8810

1. PLACE OF DEATH:

(a) County 1939 NOV 1 3 19

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether

In this community 65 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 5

(d) Street No. 6005a Kingsbury (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John M. Holmes 4521

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bessie Holmes 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 18 (Day) 1874 (Year)

8. AGE: Years 65 Months 5 Days 26 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Lawyer 0

11. Industry or business 5

FATHER
12. Name John Holmes 5
13. Birthplace Bellfast (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bessie McGlaughlin
15. Birthplace Cumber (City, town, or county) Ireland (State or foreign country)

16. (a) Informant's own signature Bessie Holmes

(b) Address 6005a Kingsbury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-17-39 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) OCT 16 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 39 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from March 27, 1939, to Oct. 14, 1939; that I last saw him alive on Oct. 14, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma Throat	8 mo?
Metastasis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

45

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature L. F. Hayden M.D. (M. D. or other)

Address 5899 Delmar Date signed 10/16/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

REV. 8-17-39 I X19511

Dr Hayden [illegible]
Hamilton & Delmar
5[illegible]
Ca 7201
Pa [illegible]
1:30 — 4:00 PM

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 J Wm Binkley

Licensed Embalmer No. 3653

P. O. Address St Louis

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.