MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

50M-10-22-38 I X9314

DEC 13 1939

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

Do not use this space.

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38071

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 9310

Township ..... Primary Registration District No. ..... Registered No. .....

City Saint Louis, Mo. (No. Saint Louis Maternity Hospital St. ..... Ward)

2. FULL NAME 452 Holmes, Infant Girl

(a) Residence, No. 3806 Oakwood Avenue St., NR Ward. (If nonresident, give city or town and State)
(Usual place of abode) Pine Lawn, Mo.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 8, 1939

7. AGE: YEARS | MONTHS | DAYS 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis, Missouri

FATHER

13. NAME Holmes, Ray Cregger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County, Missouri

MOTHER

15. MAIDEN NAME Myers, Doris Grace

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT (ADDRESS) Ray Cregger Holmes Pine Lawn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wash Univ DATE 11-21 1939

19. UNDERTAKER (ADDRESS) Dept of Pathology Wash Univ

20. FILED NOV 21 1939 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from 11/8/39, 1939, to 11/14, 1939

I last saw her alive on 11/14, 1939. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

Bilateral Bronchopneumonia

Gestation 40 weeks

Date of onset

Other contributory causes of importance:

Patent Ductus Arteriosis.

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) W. W. Hayward, M. D.

(Address) 620 S. King Highway

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