

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

38355

DEC 13 1939

Registration District No.

Primary Registration District No.

Registrar's No.

10194

1. PLACE OF DEATH:

(a) County St. Louis Missouri
 (b) City or town St. Louis Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: BARNES 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 _____
 years, months or days) 1167

3. (a) PRINT FULL NAME HOLMES, Vera Catherine3. (b) If veteran,
name war _____3. (c) Social Security
No. _____

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Roy Holmes 6. (c) Age of husband or wife if
 alive 26 years
 7. Birth date of deceased Jan 21 1914
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
25 10 8 _____ hr. _____ min.

9. Birthplace Randolph Co Ill.
(City, town, or county) (State or foreign country)10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER
 12. Name Jewett Fulford
 13. Birthplace Randolph Co Ill.
 (City, town, or county) (State or foreign country)
 14. Maiden name Lotha Haasler
 15. Birthplace Randolph Co Ill.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Roy Holmes
(b) Address Chester Ill17. (a) Burial (b) Date thereof 11-29-39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Chester Ill18. (a) Signature of funeral director Wells Bros
(b) Address Chester, Ill19. (a) NOV 29 1939 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 2
 (c) City or town Chester NR
 (If outside city or town limits, write "RURAL")
 (d) Street No. 15 OAK
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 28
year 1939 hour 11 minute 40 P.M.21. I hereby certify that I attended the deceased from November
27, 1939, to November, 1939;
that I last saw her alive on November 28
and that death occurred on the date and hour stated above.Immediate cause of death Respiratory paralysis

Duration

Due to increased intracranial pressureDue to Brain tumor - recurrent - spongioblastoma
palare - (left temporo-parietal lobes)Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Jan 1938 Spongioblastoma palare
Of operations brain tumor, left temporo-parietal lobe
Of autopsy Recurrence of tumor

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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?

While at work _____ (Specify type of place)
(e) Means of injury _____23. Signature O. N. Anderson (M. D. or other) MD
BARNES HOSPITAL
Address _____ Date signed 11-29-39

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

John Zetter

Licensed Embalmer No. 3880

P. O. Address.....

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.

1951