

Registration District No. 791 Primary Registration District No. _____

1. PLACE OF DEATH: 1003
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4924 Bonita
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 60 years
years, months or days

3. (a) PRINT FULL NAME Anthony Holmes
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 Rose 6. (c) Age of husband or wife if alive 70 years
Kuenemeyer 7. Birth date of deceased June 11 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace Caseyville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Police Sergeant

11. Industry or business St. Louis Police Dept.

MOTHER FATHER
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

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

(b) Address 4924 Bonita

17. (a) Burial (b) Date thereof Jan. 5, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director John J. Ziegenhain

(b) Address 7027 Gravois Ave.

19. (a) JAN 5 1940
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4924 Bonita 2
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2
year 1940 hour 8 minute 55 P.M.

21. I hereby certify that I attended the deceased from November 11, 1939 to January 2, 1940
that I last saw him alive on January 2, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Hypostatic Pneumonia Duration 1 day
Due to Chronic Myocarditis 2 yr
Due to _____

Other conditions 108
(Include pregnancy within 3 months of death)

Major findings: Of operations None Of autopsy No
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Julius C. Roter (M. D. or other M.D.)
Address 2623 Cherokee St Date signed Jan 5 1940

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, or by.....

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

Signed E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937^a Gravois

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.