

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

3187

MAY 15 1940

Registration District No. 794

Primary Registration District No. 1003

## 1. PLACE OF DEATH:

(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:  
Homer G. Phillips Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether  
 In this community 17 yrs  
 years, months or days)

8. (a) PRINT FULL NAME James Holmes 452  
 8. (b) If veteran, name war World War  
 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ada 6. (c) Age of husband or wife if alive 34 years  
 7. Birth date of deceased: July 9th 1897  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>8</u>	<u>23</u>	hr. _____ min.

9. Birthplace Arkadelphia Ark  
 (City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Louis Holmes  
 13. Birthplace Roncerbert Va  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Laura Murdock  
 15. Birthplace unknown Miss  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ada Holmes  
 (b) Address 2312 Pine Street

17. (a) Burial (b) Date thereof 4/6/1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Brks Mo

18. (a) Signature of funeral director J. H. Randle & Son  
 (b) Address 3133 Bell Avenue

19. APR 6 1940 J. H. Randle  
 (Date received local registrar's certificate) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St Louis 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2312 Pine Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A? Native years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2nd  
 year 1940 hour 2:30 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death lung abscess Duration \_\_\_\_\_  
whether as a result of  
Auto Accident on

Due to Dec 23 1939 between  
Food Truck driven by one  
J. J. Hardin and  
Chevrolet Coach driven  
by Chas. Track (Col) in  
which deceased was  
operating at 18th and  
Franklin could not be  
determined  
Open Verdict

Due to \_\_\_\_\_  
 (Include pregnancy within 9 months of death)

Other conditions \_\_\_\_\_  
 (Include pregnancy within 9 months of death)

Major findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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) Open Verdict  
 (b) Date of occurrence 12/23/39  
 (c) Where did injury occur? St Louis  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
21 Public Place  
 (Specify type of place) (By means of injury)

While at work? \_\_\_\_\_  
 (Specify type of place) (By means of injury)

23. Signature Joseph M. [unclear] (Date signed \_\_\_\_\_)  
 Address [unclear]

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**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. Watson*

Licensed Embalmer No.

*2698*

P. O. Address

*2765 Chouteau*

**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.**