

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33880**
Registrar's No. **8577**

Report made District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Phillips Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **20 days**
(Specify whether
In this community **18 years**
years, months or days)

3. (a) PRINT FULL NAME **Sercy Holmes**

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

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

6. (b) Name of husband or wife **No** 6. (c) Age of husband or wife if alive **6** years **1907**

7. Birth date of deceased **Dec 6 1907**
(Month) (Day) (Year)

8. AGE: Years **33** Months **10** Days **7** If less than one day hr. min.

9. Birthplace **Cruger Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

12. Name **George Holmes**

13. Birthplace **Cruger Miss**
(City, town, or county) (State or foreign country)

14. Maiden name **Johnston**

15. Birthplace **Starkville Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **Hattie**

(b) Address **324 E. So Jefferson Ave**

17. (a) **Buried** (b) Date thereof **Buried 11/17/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood Cem**

18. (a) Signature of funeral director **F. A. Green**

(b) Address **2915 Franklin Ave**

19. (a) **OCT 17 1940** (b) **J. B. Brubaker**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1023 N 18th**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **21** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **13**
year **1940** hour **7:40** minute **P. M.**

21. I hereby certify that I attended the deceased from **Sept 24**, 19**40** to **Oct 13**, 19**40**;
that I last saw him alive on **Oct 13**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Intestinal Hemorrhage caused by cirrhosis of liver**

Due to **3 mos.**

Due to **1 1/2**

Other conditions **1 2 4 10**
(Include pregnancy within 3 months of death)

Major findings: Of operations **1 2 4 10**

Of autopsy **As above**

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

(a) Accident, suicide, or homicide (specify) **1**

(b) Date of occurrence **1**

(c) Where did injury occur? **1**
(City or town) (County) (State)

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

While at work? **1** (Specify type of place) (e) Means of injury **1**

23. Signature **E. A. McDowell**

Address **2601 N Whittier** Date signed **10/16/40**

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

W. A. Green

Licensed Embalmer No. *2963*

P. O. Address *2915 Franklin*

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.