

DEPARTMENT OF HEALTH
BUREAU OF THE VITAL RECORDS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36403

State File No.

Registration District No. 784 Primary Registration District No. 181 Registrar's No. 1968

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Clayton Rich 44 St
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 weeks
In this community Life time (Specify whether years, months or days)

3. (a) PRINT FULL NAME Alma Holm

3. (b) If veteran, none name war. 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 20, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 26 If less than one day hr. min.

9. Birthplace St. Louis - Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name Louis Holm

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Antonie Haldorf

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otto E. Gerckmann

(b) Address Mr 4914 Argyle Pl.

17. (a) Burial (b) Date thereof 10/17/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St. St. Louis, Mo.

19. (a) OCT 17 1940 (b) Dr. M. J. M. H.
(Received local registrar) (Registrar's signature)

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. 4914 Argyle Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 16
year 1940 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from 3/1/40
to 10/16/40, 19
that I last saw him alive on 10/16/40, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Melanotic Carcinoma of left breast

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature Dan Martin (M. D. or other)

Address 1607 N Grand Date signed St. Louis Mo.

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.....

Robert T. Sangster

Registered Apprentice No. **259**

working under my personal supervision.

Signed

Will B. Fawcett

Licensed Embalmer No. **3696**

P. O. Address **St. Louis, Mo.**

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.