

No. 2  
-11-10-39  
5-17-39  
I X21492

**FEB 25 1941**  
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **692**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:  
2925 HOWARD ST  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME REBECCA HOLMES

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

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

6. (b) Name of husband or wife SAMUAL HOLMES 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased MAR 1 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 10 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MEMPHIS TENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name UNKNOWN

13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

14. Maiden name BETTIE MOTTEN

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

16. (a) Informant Sarah Johnson

(b) Address 2925 Howard St

17. (a) \_\_\_\_\_ (b) Date thereof 1 23 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON AVE

18. (a) Signature of funeral director A.F. Walters

(b) Address 2707 Stoddard St

19. (a) JAN 22 1941 (b) J.P. Brudick  
(Date received local office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MOO  
(c) City or town ST LOUIS 20 17  
(If outside city or town limit, write "RURAL")  
(d) Street No. 2925 HOWARD ST F  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 17  
year 41 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov. 8  
4 to Jan 17, 1941  
that I last saw her alive on Jan 17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Pyelonephritis (acute)

Due to no stones

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: Of operations 1330  
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) (e) Means of injury \_\_\_\_\_

23. Signature M. A. Mueller M.D. (M. D. or other)

Address 2335 Franklin Date signed 1-20-41

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.....

William C. McDowell....., Registered Apprentice No. ....  
working under my personal supervision.

Signed William C. McDowell.....

Licensed Embalmer No. 2114.....

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.**