

No. 2
4-13-40
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9060**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2470**

20
17
9
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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **18 days**
(Specify whether
In this community **6 years**
years, months or days)

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

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex **Male** 5. Color of race **Col**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gentry Holmes**

6. (c) Age of husband or wife if alive **35 years**

7. Birth date of deceased **Nov 17 1903**
(Month) (Day) (Year)

8. AGE: Years **37** Months **3** Days **24** If less than one day
hr. min.

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

10. Usual occupation **Labor**

11. Industry or business.....

MOTHER FATHER

12. Name **Anderson Holmes**

13. Birthplace **La.**
(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 **Gentry Holmes**

(b) Address **2834 Laclede Ave**

17. (a) **Burial** (b) Date thereof **Mar 19 1941**
(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 **8915 Franklin Ave**

19. (a) **MAR 19 1941** (b) **J. W. Predeck**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **00021**

(c) City or town **St. Louis** **17**
(If outside city or town limits, write "RURAL") **9**

(d) Street No. **2735 a Sheridan**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March 13** day **13th**
year **1941** hour **10:45** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 23, 1941** to **March 13, 1941**; that I last saw him alive on **March 13, 1941**; and that death occurred on the date and hour stated above.

Immediate cause of death **Aortic Aneurysm**
syphilitic

Due to **30 d**

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **gk**

Of autopsies.....

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 **g**

23. Signature **Clarence Allen** Address **2601 N. Whittier St.** Date signed **3-13-41**

Duration **Indef.**

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

Registered Apprentice No.

working under my personal supervision.

Signed

J. A. Hissin

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, fact should be so stated above.