

FILED SEP 4 1942

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 7247

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 16 days
(Specify whether
In this community 24 years
years, months or days)

3. (a) PRINT FULL NAME Eva Holmes

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

5. Color or race FEMALE 3 C 6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife RASTUS 6. (c) Age of husband or wife if alive 24-1898

7. Birth date of deceased. 8-24-1898
(Month) (Day) (Year)

8. AGE: Years 44 Months 0 Days 0 If less than one day hr. min.

9. Birthplace HANNIBAL MO
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business

12. Name Alexander Holmes

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

14. Maiden name UNKNOWN

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

16. (a) Informant Susie Holmes

(b) Address 3416 Lucas Ave

17. (a) BURIAL (b) Date thereof 8-31-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bernie Love

(b) Address 3103 Washington

19. (a) AUG 20 1942 (b) J. F. Budeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3416 Lucas
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24,
year 1942 hour 10 minute 05 P. M.

21. I hereby certify that I attended the deceased from July
8, 19 42 to August 24, 19 42
that I last saw her alive on August 24, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess(right lower lobe) Duration 3 mos.

Due to Tuberculosis

Due to 18

Other conditions 20
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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).....
(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 0

23. Signature C. R. Mearns (M. D. 1942)
Address 2601 Whittier Date signed 8/28/42

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

MOTHER FATHER

844

(Licensed Embalmer's Statement on Reverse Side)

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.....

Malvin Blackman

Licensed Embalmer No.

3962

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, fact should be so stated above.