

818 STANDARD CERTIFICATE OF DEATH  
1003

State File No.

Registrar's No.

3411

APR 23 1943

Registration District No.

Primary Registration District No.

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:  
St. Louis City Hosp. # 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 24 hrs. (Specify whether  
In this community... 20 yrs. (years, months or days)

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... 3856 A Cottage Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME... Burton N. Holmes

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

4. Sex... M 5. Color or Race... W 6. (a) Single, widowed, married, divorced... Widower

6. (b) Name of husband or wife... Marion F. Holmes 6. (c) Age of husband or wife if alive... 15 years

7. Birth date of deceased... Aug. 15 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
72 7 24 hr. min.

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

10. Usual occupation... Pharmacist

11. Industry or business... Druggist

12. Name... Nelson Holmes

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

14. Maiden name... Melvina Danforth

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

16. (a) Informant... Mrs. E. W. Taylor  
(b) Address... Ferguson, Missouri

17. (a) Burial (b) Date thereof... 4/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Memorial Park Cem.

18. (a) Signature of funeral director... L. M. White

(b) APR 12 1943 118 N. Florissant Rd. Ferguson, Mo.

19. (a) APR 12 1943 (b) J. J. Busch  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... April day... 8  
year... 1943 hour... 8:55 minute... P. M.

21. I hereby certify that I attended the deceased from... 19... to... 19...  
that I last saw him... alive on... 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death... Cerebral Sclerosis  
arterio Sclerosis

Due to... 94  
Due to...

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)  
(e) Means of injury... 3

23. Signature... Thomas F. Calver (M. D. or other)  
Address... Deputy Coroner Date signed... 4-10-43

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

MOTHER FATHER

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**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..... *Larry M. White* .....

Licensed Embalmer No. *3973* .....

P. O. Address..... *Ferguson, 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, fact should be so stated above.**