

FILED JUN 23 1944 8

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 5507

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: Missouri Pacific Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

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. 251 1/2 S. 1st St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Orville Otho Holmes

3. (b) If veteran, name war no 3. (c) Social Security No. 702-14-6505

4. Sex male 5. Color W 6. (a) Single, married
divorced _____

6. (b) Name of husband or wife Marie Eason Holmes 6. (c) Age of husband or wife 42 years
allive _____

7. Birth date of deceased Aug 29 - 1885
(Month) (Day) (Year)

8. AGE: 5 Years 9 Months 17 Days If less than one day
hr. _____ min. _____

9. Birthplace Carroll Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Switchman

11. Industry or business Mo Pacific R.R.

12. Name Francis W. Holmes

13. Birthplace Kansas
(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 Marie Holmes

(b) Address 251 1/2 S. 1st St

17. (a) Removal Removal (b) Date thereof 7/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City Kansas

18. (a) Signature of funeral director Henry L. Heidemann

(b) Address 703 9th Ave

19. (a) JUN 10 1944 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th
year 1944 hour 11:25 minute 0 P. M.

I hereby certify that I attended the deceased from May 1, 1944 to June 27, 1944
that I last saw him alive on 6-10, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Heart Disease Duration 4 yrs.

Due to Essential Hypertension

Due to _____

Other conditions: P.S.D.
(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? _____

(Specify type of place) _____
Write at work? (e) Means of injury _____

23. Signature Joel Belleville (M. D. or other) _____

Address 1755 So Grand Date signed 6-16-44

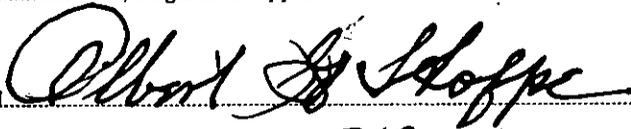
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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..... 

Licensed Embalmer No. 21971

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.

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