V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15210

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4070

1. PLACE OF DEATH:

(a) County
(b) City or town S t. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute, City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether
In this community 35 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town S t. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3456a, Crittendon Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elmer James Holmes

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dais y
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased July (Month) 25 (Day) 1886 (Year)

8. AGE: Years 59 Months 9 Days 11 If less than one day hr. min.

9. Birthplace Eau Claire Wis. (City, town, or county) (State or foreign country)
10. Usual occupation S hipping Clerk
11. Industry or business Grocery Co.

FATHER
12. Name George Holmes
13. Birthplace Missippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edna Wells Berlin Wis.
15. Birthplace Berlin (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Daisy Holmes
(b) Address 3456A Crittendon Ave.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5/8/45 (Month) (Day) (Year)
(c) Place: burial or cremation Vahalla
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette
19. (a) MAY 8 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 5, day 6 year 1945 hour 7 minute a M.

21. I hereby certify that I attended the deceased from 1/15, 1945 to 5/1, 1945 that I last saw him alive on 5/1, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis c̄ arrythmia	4 mos.
Due to	
Due to	
Other conditions: Periduodenitis (Include pregnancy within 3 months of death)	4 mos

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)
While at work? (e) Means of injury

23. Signature Jos. P. Berman (M.D. or other)
Address 1225 - no Grand Date signed 5/7/45

(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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.