

FILED AUG 11 1945

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 6969

1. PLACE OF DEATH:

(a) County
(b) City or town /St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution 5 days
(Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town St. Louis 1720
(If outside city or town limits, write "RURAL")
Street No. 2314 Dodier St
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

In this community 4 months
years, months or days

3. (a) PRINT FULL NAME Nicholas Alexander Holmes
Michael Holmes

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced S O

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 25 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 11 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Ralph Holmes

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

14. Maiden name Anna Black

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

16. (a) Informant Ralph Holmes

(b) Address 2314 Dodier St

17. (a) Burial (b) Date thereof 8-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friedman Co

18. (a) Signature of funeral director Friedman Co
(b) Address 2314 Dodier St
19. (a) AUG 8 1945 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 6th
year 1945 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from 8/2/45
19 to 8/6/45 19
that I last saw him alive on 8/6/45 19
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia
Duration

Due to

Due to

Other conditions: 119
(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

23. Signature: A. Lee Hermit (M. D. or other) M.D.
Address: 1515 Lafayette Ave., Date signed 8/7/45

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER/FATHER

Copy of all info
to be kept

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address

2223 St. Louis Ave

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No.

State of Mo.
County of Sr. Mo. } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6969

On this 14 day of Aug, 1945, before me appears Leona Holmes, who, upon her oath, states that the original record of birth death for Nicholas Alexander Holmes died 8-6-1945 born 8-6-1945, 19...., in the State of Missouri, and which was filed at....., 19...., should be corrected as follows:

Item No. 2 should read Nicholas Alexander Holmes
Instead of Michael "

Item No. should read.....
Instead of.....

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Leona Holmes Mother Relationship.

2314 Dodier Sr.
Present Address.

Subscribed and sworn to before me this 14 day of Aug, 1945.

My Commission expires 3/4/49 Leona Dodier Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1945

S-22073