

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED AUG 21 1945

Primary Registration District No. 1003

Registrar's No. 7241

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... years, months or days)

3. (a) PRINT FULL NAME Johanna C. Holmesley

3. (b) If veteran, name war.....

3. (c) Social Security No.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Perry Holmesley

6. (c) Age of husband or wife if alive..... years (Day) (Year) 22 1865

7. Birth date of deceased July 22 1865
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 25 If less than one day hr. min.

9. Birthplace St. Clair County (City, town, or county) (State or foreign country) 0

10. Usual occupation None

11. Industry or business.....

12. Name Perry Holmesley

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name None known

15. Birthplace None known (City, town, or county) (State or foreign country) 9

16. (a) Informant William Stolle

(b) Address 733 Alhambra Court E. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20/45
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director Weick Bros. and Co

(b) Address 2201 S. Grand

19. (a) AUG 19 1945 (Date received local registrar) J. F. Bredeek (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. 3628 Cleveland (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 17 year 1945 hour..... minute..... M.

21. I hereby certify that I attended the deceased from July 20, 1945, to Aug. 17, 1945;
that I last saw her alive on Aug. 16, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Due to Myocardial Failure

Due to.....

Other conditions Senility (Include pregnancy within 3 months of death) 93

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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 0

23. Signature Arnold Sklein (M. D. or other) 8/17/45

Address 2632 S. Kingshighway Date signed 8/17/45

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

66
17
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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 Rex Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis, 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.