

U.S. No. 2
FORM 5-43
Rev. 5-17-39
I X36671

FILED OCT 6 1945
Registration District No. **398**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 days
In this community 30 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100
(c) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 508 Montrose
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Maggie Holmes

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex F 3 5. Color or race Col 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept 7 1896
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 19 If less than one day hr. min.

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

10. Usual occupation Maid

11. Industry or business Ned Holmes

MOTHER FATHER { 12. Name Ned Holmes Tennessee
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Ida Baker Tennessee
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Anna Mitchell
(b) Address 1820 Mass. St.

17. (a) Burial (b) Date thereof Sept 29-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes
(b) Address 2620 Lawton Blvd

19. (a) SEP 29 1945 (Date received by registrar) J. D. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1945 hour 10 minute 55 A. M.

21. I hereby certify that I attended the deceased from Sept. 25
1945 to Sept. 26 1945
that I last saw her alive on Sept. 26 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix with Metastasis to Adnexae

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
[Handwritten signature]

PHYSICIAN
Major findings:
Of operations.....
Of autopsy Yes

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 B. J. Murphy (M. D. or other)
Address 2601 N Whittier Date signed 9/28/45

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

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.....

Clark Young

Licensed Embalmer No.....

33710

P. O. Address.....

St. Louis

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.