

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED 001 25 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31989**
Registrar's No. **8836**

Registration District No. **318** Primary Registration District No. **1003**

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

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:
5231 Wells Ave. /
(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 Ellen Bridget Holmes.
(b) If veteran, No name war.....
(c) Social Security No. None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married /
6. (b) Name of husband or wife Patrick Holmes. 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec. 8, 1985
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 4 hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business.....

MOTHER FATHER {
12. Name Daniel Sweeney #
13. Birthplace Ireland. #
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Conlisk.
15. Birthplace Ireland. #
(City, town, or county) (State or foreign country)

16. (a) Informant Patrick Holmes
(b) Address 5231 Wells Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15, 1945
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Pauline J. Huber
(b) Address 1431 Union Blvd.

19. (a) OCT 13 1945 J. F. Bredbeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County..... 0-00
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 5231 Wells Ave. 69
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 12
year 1945 hour 12. minute 30 A. M.

21. I hereby certify that I attended the deceased from Feb. 2, 1942, 1942, to Oct. 12, 1945
that I last saw her alive on 9-20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration about 30 min.

Due to Arteriosclerotic heart disease myocardium

Due to.....

Other conditions Diabetes mellitus myocardium
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations W
Of autopsy W
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?..... (Specify type of place)
(Specify means of injury) Means of injury.....

23. Signature Pauline J. Huber (M. D. or other)
Address 634 N. Grand Date signed 10-12-45

DR Miss [unclear]
937 McPherson Bldg

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 *Frank Ferber*

Licensed Embalmer No. *2915*

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.