S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 23 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35410

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9953

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: Firmin Desloge 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis 2/3
(If outside city or town limits, write "RURAL")

(d) Street No. 3457 Washington Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Harvey Holmes

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Dott Holmes

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

7. Birth date of deceased July (Month) 29 (Day) 1866 (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	3	16	hr. min.

9. Birthplace Grand Rapids (City, town, or county) Michigan (State or foreign country) 1

10. Usual occupation Retired Salesman

11. Industry or business

FATHER
12. Name William Holmes.
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

MOTHER
14. Maiden name Martha Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 9

16. (a) Informant Mrs. E.A. Lampe
(b) Address Middletown, Ohio

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 11-17-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (c) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) NOV 16 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 15
year 1945 hour 10:30 am minute M.

21. I hereby certify that I attended the deceased from Aug 6, 1945, 19__, to Nov 13, 1945
that I last saw him alive on 11-15-45, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure

Due to Carcinoma of bladder with metastasis to liver

Due to 52

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of urinary bladder
Of autopsy Same + metastases

Duration

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 Louis N. Girard (M. D. or other)
Address 812 Olive St. Louis Date signed 11-16-45

(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.....

Licensed Embalmer No.....

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.