

3. No. 394
M-10-47
7. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 144223
3411

Registration District No. 318 Primary Registration District No. 1005 Registrar's No. 3411

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:
Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Clara Holmes
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 3 5. Color or race Col
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 1 1 1883
(Month) (Day) (Year)

8. AGE: Years 65 Months 2 Days 30
If less than one day _____ hr. _____ min.

9. Birthplace Natches MISS!
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Neil

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

14. Maiden name unknown

15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Lorena Wheeler 1

(b) Address 1220A Elliott Ave.

17. (a) Burial (b) Date thereof 4-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
Mrs. Lowe

18. (a) Signature of funeral director _____
(b) Address 2930 Dickson St.

19. (a) APR 8 1948 J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. CIT INFIRMARY 9
13 (If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1948 hour 5 minute _____ a. M.

21. I hereby certify that I attended the deceased from
March 18 1948, to March 31 1948
that I last saw h. er alive on March 31 1948
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration
Thrombo Phlebitis right Leg. Undet.

Due to _____

Due to _____ 97

Other conditions Senile Psychosis; Prob.
(Include pregnancy within 3 months of death)

Cerebral Vascular Disease

Major findings: _____

Of operations _____

Of autopsy No

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) Means of injury _____

23. Signature James M Whittier (M. D. or other) 0
Address 2601 N Whittier Date signed 4/6/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Arthur L. Heilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard av

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.