

FEDERAL SECURITY AGENCY
National Office of Vital StatisticsMISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. **27825**
Registrar's No. **7009**FILED AUG 23 1948
Registration District No. **318**Primary Registration District No. **1003**

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: St. Luke's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 40 years
years, months or days)

3. (a) PRINT FULL NAME Caro Hobart Holmes

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Robert Holmes 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 12, 1886.
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 27 If less than one day
hr. min.

9. Birthplace Chico Calif.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Arthur Nichols
13. Birthplace Augusta Maine
(City, town, or county) (State or foreign country)
14. Maiden name Addie Sewall
15. Birthplace Augusta Maine
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John A. Holmes
(b) Address New York, N. Y.

17. (a) Removal (b) Date thereof 8/11/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Chico California

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) AUG 10 1948 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 11-10
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4931 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1948 hour 1 minute 45 M. 05

21. I hereby certify that I attended the deceased from
Nov. 1945 to Aug 9 1948
that I last saw her alive on Aug 9 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
& Myocardial Infarction Duration

Due to Arteriosclerotic Heart Disease

Due to P.T.B.
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy not done
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 J. F. Brudeck (M. D. or other)
Address 3000 4th Washington Blvd. Date signed 8/10/48

Mr Eckberg (Pall)
3604 Washington

SEP 1 1948

MAY 20 1953

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 Robert T. Samples

Licensed Embalmer No. 4290

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.