

FILED SEP 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27826
7491

Registration District No.

318

Primary Registration District No.

1004

Registrar's No.

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:
Enroute to Homer G. Phillips 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 10 yrs
years, months or days)

3. (a) PRINT
FULL NAMESandy Holmes

3. (b) If veteran,
name war Civil War

3. (c) Social Security No.
None

4. Sex Male 2
5. Color or
race Col.

6. (a) Single, widowed, married,
divorced Widowed

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

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

7. Birth date of deceased Dec. 25, 1952
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
95 7 28 hr. min.

9. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor

11. Industry or business Self

12. Name John Holmes

13. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Jane Fattree

15. Birthplace Richmond Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant William Wilbanks

(b) Address 4125a Cook Avenue

17. (a) Burial (b) Date thereof 8-27-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Allen Dailis

(b) Address 3506 Franklin Avenue

19. (a) AUG 27 1948 (b) J. F. Brodeur
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 4125a Cook Avenue (If rural, give location) 9
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 hour 4 minute 19 M.

21. I hereby certify that I attended the deceased from May 15,
_____, 1948, to August, 1948;
that I last saw him alive on August 28, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute heart failureDue to Hypertensive heart disease

Due to _____

Other conditions Prob. Ca of G-I tract
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____

3. Signature John J. Brown (M. D. or other) 0
Address 4242 Easton Date signed 8-26-48

(Licensed Embalmer's Statement on Reverse Side)

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

1948

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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 James P. H.
Licensed Embalmer No. 4821
P. O. Address 2829 Washington

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.