

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24910

State File No.

6452

FILED JUL 30 1949

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G. PHILLIPS HOSPITAL		d. STREET ADDRESS (If rural, give location) 18 3933 CHOUTEAU	

3. NAME OF DECEASED (Type or Print) a. (First) BEN b. (Middle) c. (Last) Holmes			4. DATE OF DEATH (Month) (Day) (Year) 7 23 1949		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5-21-1903	9. AGE (In years last birthday) 46 10. IF UNDER 1 YEAR Days 2 11. IF UNDER 1 HRS. Hours 1
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR	10b. KIND OF BUSINESS OR INDUSTRY Packing House	11. BIRTHPLACE (State or foreign country) FORT SMITH, ARK /	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Ben Holmes	13b. MOTHER'S MAIDEN NAME NINA BILLINGER	14. NAME OF HUSBAND OR WIFE CORA SMITH HOLMES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 489-07-0729	17. INFORMANT'S SIGNATURE OR NAME CORA SMITH HOLMES	ADDRESS 3933 CHOUTEAU
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Peritonitis; Contrib. Liver		INTERVAL BETWEEN ONSET AND DEATH 1:03 pm
	ANTECEDENT CAUSES shot of liver, Intestine and kidney suffered assault		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) kidney DUE TO (c) wounds of one Cora Holmes (sister)		
II. OTHER SIGNIFICANT CONDITIONS wife of deceased was accidentally discharged on rear porch of house			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION at 3933 Chouteau Ave Accident	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo / 8 / MO
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21d. TIME OF INJURY July 21 49 1:03 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 17
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22. I hereby certify that I attended the deceased from _____, 19____, to **July 23, 1949**, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patricia E Taylor Coronet	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 7-25-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 7-27-49	24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK	24d. LOCATION (City, town, or county) (State) St Louis Co Mo
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DATE REC'D BY LOCAL REG. JUL 25 1949	REGISTRAR'S SIGNATURE J B Posator	25. FUNERAL DIRECTOR'S SIGNATURE Peoples UND. Co	ADDRESS 5100 Franklin
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

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.