

FILED DEC 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38839
State File No. 9685
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo 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	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Forest Park Field House		3173 Minnesota 6	

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) O c. (Last) Holmes		4. DATE OF DEATH (Month) (Day) (Year) Nov 7, 1949	
5. SEX male	16. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH July 7, 1911
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Drug Co.	9. AGE (In years last birthday) 38
11. BIRTHPLACE (State or foreign country) Dallas, Texas		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Burton N Holmes		13b. MOTHER'S MAIDEN NAME Maryann Fuslong		14. NAME OF HUSBAND OR WIFE Dora Holmes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Penland Holmes 5436 Gresham	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage; Multiple fractures in an explosion in the Field House, Forest Park around 3:10 pm Nov 7, 1949. Damage to Field House in excess of \$75000.00/10. II. OTHER SIGNIFICANT CONDITIONS North wall ceiling blown out. Explosion being caused by accumulation of an accumulated gas - Accident		INTERVAL BETWEEN ONSET AND DEATH NO	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Field House		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo 1949	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Nov 7 49 3:10 p.m.		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fall	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Patrick E Taylor Cor 1		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-18-49	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 11/11/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St Louis County, Mo.					

DATE REC'D BY LOCAL REG. NOV 10 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J L Ziegenhein & Sons 7027 Gravois	
--------------------------------------	--	-----------------------------------	--	---	--

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 *W. G. Peterson* _____

Licensed Embalmer No. *3767* _____

P. O. Address *7027 Gravois* _____

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.