

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 1951

State File No. 6222

318

1003

Registrar's No. 1488

BIRTH MO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1488	
1. PLACE OF DEATH a. CITY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) (Specify) 35 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips				d. STREET ADDRESS (If rural, give location) 4125 W. Bell Pl.			
3. NAME OF DECEASED (Type or Print) a. (First) Elizabeth b. (Middle) c. (Last) Holmes			4. DATE OF DEATH (Month) (Day) (Year) Feb. 12 51				
5. SEX Fem		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Aug. 9, 1897	
9. AGE (In years last birthday) 53		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		11. BIRTHPLACE (State or foreign country) Fayetteville, Ark		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Joe Rich			13b. MOTHER'S MAIDEN NAME Betty Nolan			14. NAME OF HUSBAND OR WIFE Wilson Holmes	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Laura Flowers, 3426 Layton Avenue			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Disease Arteriosclerotic Hypertensive Cardiovascular, Undet Congestive Heart Failure Bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H43 X			
22. I hereby certify that I attended the deceased from 2-11 1951 , to 2-12 1951 , that I last saw the deceased alive on 2-12 1951 , and that death occurred at 6:25a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chas J. Thompson, M.D.				23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 2-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/15/51		24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo	
DATE REC'D BY LOCAL REG FEB 14 1951		REGISTRAR'S SIGNATURE J B Lanster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. M. C. Green, 3517 Laclede Avenue			

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

SI

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. 4428

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.