

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10217
State File No. 2257

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2257

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) c. LENGTH OF STAY (in this place)
ST. LOUIS
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2219

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Homer G Phillips Hospital
24. STREET ADDRESS (If rural, give location)
3018 DICKSON ST.

3. NAME OF DECEASED a. (First) Adell b. (Middle) - c. (Last) Holmes
4. DATE OF DEATH (Month) (Day) (Year)
March 5 1951

5. SEX 3 FEMALE 6. COLOR OR RACE COLORED 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1 8. DATE OF BIRTH OCT. 28 1903 9. AGE (In years last birthday) 47 YRS

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAID 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) YASZU 1 MISS 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME SOBAMAN STEWART 13b. MOTHER'S MAIDEN NAME MISSIE SCOTT 14. NAME OF HUSBAND OR WIFE 3018 EARLY HOLMES DICKSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Early Holmes 3018 Dickson

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis
INTERVAL BETWEEN ONSET AND DEATH Undet
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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) (Minute) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 1998

22. I hereby certify that I attended the deceased from 2-22-51, 19 51, to 3-5, 19 51, that I last saw the deceased alive on 3-5, 19 51, and that death occurred at 2:45pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. D. Williams M. D. 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 3-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 3-12-51 24c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM. 24d. LOCATION (City, town, or county) (State) ST. LOUIS CTY MO

DATE/REC'D BY LOCAL HEALTH DEPT. 10 REG. REGISTRAR'S SIGNATURE J B Foster 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.F. WALTON 2707 STODDARD ST.

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 *Arthur L. Heilbard*

Licensed Embalmer No. *4221*

P. O. Address *4740^a Cupples*

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.