

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28345**
Registrar's No. **6955**

FILED AUG 28 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Hosp. 5</u>		c. LENGTH OF STAY (in this place) <u>5 Wks.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>48</u> OR TOWN <u>Richmond Heights</u>		d. STREET ADDRESS (If rural, give location) <u>7206 Delta Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deaconess Hosp.</u>			3. NAME OF DECEASED a. (First) <u>Jennie</u> b. (Middle) _____ c. (Last) <u>Holmes</u>			
4. DATE OF DEATH <u>Aug. 2, 1951</u>	5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 21, 1884</u>	9. AGE (In years last birthday) <u>67</u> yrs IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Cininnatti, Ohio</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank Van Saun</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Ayer</u>		
14. NAME OF HUSBAND OR WIFE <u>Herman Holmes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Herman Holmes</u>		17. ADDRESS <u>7206 Delta</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>			MEDICAL CERTIFICATION			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>58 days</u>			
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
DUE TO (c) _____			?			
11. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			_____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR?		<u>H 200</u>				
22. I hereby certify that I attended the deceased from <u>June 6, 1951</u> , to <u>Aug. 2, 1951</u> , that I last saw the deceased alive on <u>Aug. 2, 1951</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>X G. R. Sheffler</u>		23b. ADDRESS <u>M. D. 634 N. Grand Blvd.</u>		23c. DATE SIGNED <u>8-3-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug. 3, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mariah Cemetery</u>		
24d. LOCATION (City, town, or county) (State) <u>Cininnatti Ohio</u>		DATE REC'D BY LOCAL REG. <u>Aug 3 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. L...</u>		
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>		ADDRESS <u>6175 Delmar</u>				

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

Dr Schreffler
1020 Mo Theatre Building
Mo. Theatre Building
Suite # 1020
Je 7469

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Jos. E. McCulloh
Licensed Embalmer No. 2460

P. O. Address 6175 Palmar

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.