

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2468

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

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood Clayton</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kirkwood</u> | |
| c. LENGTH OF STAY (In this place) <u>4 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>225 Aldrige</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Amos</u> b. (Middle) _____ c. (Last) <u>Holmes</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 21. 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 19, 1902</u> |
| 9. AGE (In years last birthday) <u>50</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u> | 11. BIRTHPLACE (State or foreign country) <u>Delmott Ark.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Man</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>000 Industry</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Daniel Holmes</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>Doris 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 No</u> | 16. SOCIAL SECURITY NO. <u>43012-1652</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doris Holmes 225 Aldrige</u> |

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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> | | |
| | 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. | | <u>443X</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) (Min) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I, hereby certify that I attended the deceased from 9-18-1952, to 9-21-1952, that I last saw the deceased alive on 9-18-1952, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Herbert M. Donke MD</u> | 23b. ADDRESS <u>3007 Easton Ave</u> | 23c. DATE SIGNED <u>9/22/52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Sept 25, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>9-24-52</u> | REGISTRAR'S SIGNATURE <u>Herbert R. Donke MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Hayhill 408 S. Fillmore Ave</u> |
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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:

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 4441

P. O. Address 408 S. Fullmer

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.