FILED MAY 25 1954

STANDARD CERTIFICATE OF DEATH

State File No. 17175 4293

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CITY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 24 2931 Indiana Ave. 2249 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): O.
c. (Last): HOLMES

4. DATE OF DEATH (Month) (Day) (Year): MAY 11, 1954

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: Aug. 19, 1918
9. AGE (In years last birthday): 35 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: MODERN SCREW O.CO.
11. BIRTHPLACE (City and State or Foreign Country): ARKANSAS
12. CITIZEN OF WHAT COUNTRY?: U. S. A.
13a. FATHER'S NAME: EDGAR HOLMES
13b. MOTHER'S MAIDEN NAME: EILEEN GEORGE
14. NAME OF HUSBAND OR WIFE: IRENE HOLMES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 486-18-4131
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. IRENE HOLMES, 2931 Indiana Ave.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
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 ☑ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 260X

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* 845 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Patrick J. Taylor, Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 5.13.54

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAY 14, 1954
24c. NAME OF CEMETERY OR CREMATORY: N. ST. MARCUS CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS CO. MO.

DATE REC'D BY LOCAL REGISTRAR: MAY 13 1954
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: WITT BROS. L. & U.CO. 2929 S. Jefferson Av.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. D. M. Davis

Licensed Embalmer No 374

P. O. Address 2929 Jeffe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Fa to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above: