

FILED JUL 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24813

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1426</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY St. Louis		a. STATE Mo.		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rook Hill		c. LENGTH OF STAY (In this place) 1 1/2 Yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9803 Manchester				STREET ADDRESS (If rural, give location) 5475 Cabanne Ave.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) GRACE		b. (Middle) ANNA		c. (Last) HOLMES		4. DATE OF DEATH (Month) (Day) (Year) 6-30-1955	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 7-2-1870	
9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher-Retired		10b. KIND OF BUSINESS OR INDUSTRY Education		11. BIRTHPLACE (City and State or Foreign Country) Quincy Ill.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME D. T. Holmes		13b. MOTHER'S MAIDEN NAME Anna Hodgkin		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME E. H. Shutt ADDRESS Kirkwood Mo.			
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				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic myocardial					
		ANTECEDENT CAUSES arteriosclerosis					
		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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221			
22. I hereby certify that I attended the deceased from <u>Dec 12</u> , 19 <u>53</u> , to <u>6-30-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-27-55</u> , 19 <u>55</u> , and that death occurred at <u>6-30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE A. J. Merdian, M.D. (Degree or title)				23b. ADDRESS 3107 Proctor		23c. DATE SIGNED 7-1-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 7-1-1955		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. 7/1/55		REGISTRAR'S SIGNATURE Heber R. Romberg		FUNERAL DIRECTOR'S SIGNATURE Richard F. Home Webster		ADDRESS St. Louis Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE 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.....
Signature of Student Embalmer

Signed *Neville B. Froedewitter*.....

Licensed Embalmer No. *3690*

P. O. Address *15 W. Lock*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.