

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30999**
8485

FILED OCT 7 - 1955

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

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. LENGTH OF STAY (in this place) <i>3 weeks</i>	c. CITY OR TOWN <i>St. Louis</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Firmen Blechloe Hospital</i>		e. STREET ADDRESS (If rural, give location) <i>3857a Russell Avenue</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>FRANK</i> b. (Middle) <i>L</i> c. (Last) <i>HOLMES, SR.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>9 26 55</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>July 19, 1885</i>
9. AGE (In years) <i>70</i>		IF UNDER 1 YEAR Months Days Hours Min.	10. USUAL OCCUPATION (Give kind of work done during most of working life (even if unpaid)) <i>Retired - 1000 South</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <i>Steelville, Missouri</i>
12. CITIZEN OF WHAT COUNTRY <i>USA</i>		13a. FATHER'S NAME <i>David Holmes</i>	13b. MOTHER'S MAIDEN NAME <i>----- Guffy</i>
14. NAME OF HUSBAND OR WIFE <i>Ann Holmes (Deceased)</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>497-16-8758</i>
17. INFORMANT'S SIGNATURE OR NAME <i>Mr. Frank L. Holmes, Jr., #10 Angelica St.</i>		ADDRESS	
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) <i>Pseudomonas Septicemia</i> ANTECEDENT CAUSES DUE TO (b) <i>Bone Marrow Depression</i> DUE TO (c) <i>Carcinoma of oropharynx & metastases.</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized arteriosclerosis, Emphysema, Asthma, Cirrhosis of liver, Rectal Tumor.</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) m.	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 <i>9-2</i> , <i>1955</i> , to <i>9-26</i> , <i>1955</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:55 a m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>Neil J. Gallogher M.D.</i> (Degree or title)		23b. ADDRESS <i>1325 South Grand Blvd</i>	23c. DATE SIGNED <i>9-27-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept 29 1955</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New St. Marcus Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Missouri</i>
DATE REC'D BY LOCAL REG. <i>SEP 28 1955</i>	REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann & Son, Inc, 2161 E. Fair Ave</i>	

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.....
Signature of Student Embalmer

Signed..... *Welford G. Burnley*

Licensed Embalmer No. *49*

P. O. Address *St. Louis*

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.