

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29565

State File No.

7858

Registrar's No.

FILED SEP 4 1957

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

BIRTH NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN St. Louis.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital		e. STREET ADDRESS (If rural, give location) 1224 N. Vandeventer.	
3. NAME OF DECEASED (Type or Print) a. (First) Willie b. (Middle) c. (Last) Holmes.		4. DATE OF DEATH (Month) (Day) (Year) Aug. 18, 1957	
5. SEX Male	6. COLOR OR RACE Coloer	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married. (Specify)	8. DATE OF BIRTH 3-7-06
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Foundry	11. BIRTHPLACE (City and State or Foreign Country) Louisiana.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Alex Holmes.	
13b. MOTHER'S MAIDEN NAME Susie ?		14. NAME OF HUSBAND OR WIFE Nellar 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.	
17. INFORMANT'S SIGNATURE OR NAME Nellar Holmes		ADDRESS 1224 N. Vandeventer	
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Bacterial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5 mths.	
ANTECEDENT CAUSES		DUE TO (b) 490 x H	
*This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. C.A. of Stomach	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (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 July 10, 1952 , to Aug. 18, 1957 , that I last saw the deceased alive on Aug. 18, 1957 , and that death occurred at 2:15 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) John W. Beckham, M.D.		23b. ADDRESS 5800 Arsenal	
23c. DATE SIGNED 8/19/57		24a. BURIAL, CREMATION, REMOVAL (Specify) removal	
24b. DATE 8-24-57		24c. NAME OF CEMETERY OR CREMATORY Greenwood	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son	
DATE REC'D BY LOCAL REG. AUG 22 1957		REGISTRAR'S SIGNATURE J. Carl Smith md	
ADDRESS 2629-31 Cole St.		S.P. (Licensed Embalmer's Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADEING 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.....
H. Claude Gordon

Licensed Embalmer No. *346*

P. O. Address *45-75th*

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.