

FILED NOV 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37594
STATE FILE NUMBER
318 Primary Registration District No. 1003 Registrar's No. 9954

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1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital #1			Length of stay in 1b	d. STREET ADDRESS 2319 Spruce Street			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle Holmes Last				4. DATE OF DEATH Month 10 Day 20 Year 1957				
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 8 October 1889		9. AGE (In years last birthday) 68 IF UNDER 1 YEAR IF UNDER 24 HRS. Months 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 Mid West Rust Proof		11. BIRTHPLACE (City and state or country) Mississippi		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Manuel Holmes				14. MOTHER'S MAIDEN NAME Polly Hall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 497-10-0240		17. INFORMANT Mrs. Arlillian Dennis 1803a Goode Ave.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive Subdural Hemorrhage Fracture of Skull; E983+ DUE TO (a) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Suffered when slugged by							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. PLACE AND TIME WHEN OCCURRED Person shot in the vicinity of 2319 Spruce St. about 1215 a.m. October 20 1957.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20c. TIME OF INJURY Hour 1215 a. m. Month, Day, Year 10 20 57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, etc., office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION St. Louis Mo		STATE
21. I attended the deceased from 10 10 to and last saw her alive on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Do not write in ink) [Signature]				22b. ADDRESS 302 Clark		22c. DATE SIGNED 10/23/57		
23. BURIAL, CREATION, REMOVAL (Specify) Removal		23b. DATE 10-25-57	23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery			23d. LOCATION (City, town, or county) St. Louis, County, Mo. (State)		
24. FUNERAL DIRECTOR Atkins Bros. ADDRESS 3644 Finney Ave.			25. DATE RECD. BY LOCAL REG. OCT 24 '57		26. REGISTRAR'S SIGNATURE [Signature]			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John K. Cunningham*

Licensed Embalmer No. *44*

P. O. Address *2405 M*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.