URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUL 15 1960

-60-024610

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6616

NDED

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS — Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: People Hospital — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY

c. CITY OR TOWN: ST. LOUIS — Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 1010 N Glasgow — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Nona — Middle: Green — Last: Holms

4. DATE OF DEATH: Month: June — Day: 26 — Year: 1960

5. SEX: Female

6. COLOR OR RACE: Col

7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Dec 23, 1940-19

9. AGE (last birthday): IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): St Louis Mo

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George Green

13b. MOTHER'S MAIDEN NAME: Eugenia Crenshaw

14. NAME OF HUSBAND OR WIFE: Lonnie Holms.

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: Eugenia Crenshaw — Address: 1010 Glasgow

MEDICAL CERTIFICATION

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 intra-cranial

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): hemorrhage; Contrib: Toxemia of

DUE TO (c): pregnancy

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 642.5

PART III. If deceased was female was there a pregnancy in last 90 days. ☑ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

BY AFFIDAVIT OF

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____

Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Struck E. Taylor (Degree or title) Coroner

22b. ADDRESS: 1300 Clark

22c. DATE SIGNED: 6/29/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: July 11/60

23c. NAME OF CEMETERY OR CREMATORY: Washington Park

23d. LOCATION (City, town, or county): St Louis Co. (State): Mo

24. FUNERAL DIRECTOR: F. A. Green — ADDRESS: 4214 Delmar

25. DATE RECD. BY LOCAL REG.: JUN 29 1960

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed F. A. Green

Signature of Student Embalmer

Licensed Embalmer No. 296

P. O. Address 4214 Delm

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