

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-011966

STATE FILE NUMBER

AMENDED ✓

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 923

FILED APR 10 1961

1. PLACE OF DEATH
 a. COUNTY St. Louis
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland Length of stay in 1b 25 yrs.
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 9617 Lackland Ave., Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN Overland Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 9617 Lackland Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Audra Myrtle Holmes April 2 1961

5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 6--13-1904 9. AGE (last birthday) 56
 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) Teacher 10b. KIND OF BUSINESS OR INDUSTRY Ritenour Sr. High 11. BIRTHPLACE (City and state or country) Pond Creek, Okla. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William C. Holmes 13b. MOTHER'S MAIDEN NAME Mollie Anderson Murphy 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 17. INFORMANT Address Overland
Claude N. Holmes-9617 Lackland.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 1 day
 DUE TO (b) _____
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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

21. I attended the deceased from 6-3-40 to 4-2-61 and last saw her/him alive on 4-1-61. Death occurred at 6:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dennis W. Hollman 22b. ADDRESS 248 Woodson Rd Overland, Mo 22c. DATE SIGNED 4-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4/5/1961 23c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens 23d. LOCATION (City, town, or county) (State) Pagedale, Missouri

24. FUNERAL DIRECTOR'S NAME BAUMANN BROS. INC. FUNERAL HOME 25. DATE RECD. BY LOCAL REG. 4-4-61 26. REGISTRAR'S SIGNATURE [Signature]

2504 WOODSON ROAD OVERLAND 14, MISSOURI Embalmer's Statement on Reverse Side)

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

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 David C. Gibbs

Licensed Embalmer No. 3457

P. O. Address Overland

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.