MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-008222
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1592

FILED FEB 16 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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: Homer G. Phillips — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3135a Delmar — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mattie Middle: Last: Holmes
4. DATE OF DEATH: Month 2 Day 5 Year 62
5. SEX: Female
6. COLOR OR RACE: Negro
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-27-1903
9. AGE (last birthday): 58 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Greenville Miss U.S.A.
12. CITIZEN OF WHAT COUNTRY:
13a. FATHER'S NAME: Larrie Henry
13b. MOTHER'S MAIDEN NAME: Callie Kinkey
14. NAME OF HUSBAND OR WIFE: Amos Holmes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Henrietta Garner Address: 3135 Delmar

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): Renal Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Undet.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Malignant Hypertension — Undet.
DUE TO (c): 44.1X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive Heart Failure
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 2-2-62, to 2-5-62 and last saw her/him alive on 2-5-62
Death occurred at 6:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sydney R. Fraser MD
22b. ADDRESS: 2601 N. Whittier Street
22c. DATE SIGNED: 2-6-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-11-1962
23c. NAME OF CEMETERY OR CREMATORY: Holmes Cemetery
23d. LOCATION (City, town, or county) (State): Wilson Arkansas

24. FUNERAL DIRECTOR: S. Hardy ADDRESS: 2606 Union Blvd
25. DATE RECD. BY LOCAL REG.: FEB 7 1962
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	221		7
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4	3		
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BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 Hallam R. Williams
5135 Lotus

Licensed Embalmer No. 4926

P. O. Address_____

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.