MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-028765

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6942

FILED JUL 31 1962

DO NOT WRITE ON THIS STUB

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED: 9/17/62

INSTEAD OF: at Valhalla Crematory on 7/16/62 and his ashes buried in Calvary Cemetery on 9/3/62

SHOULD READ: 23 Remains of John Holmes cremated

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 12 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Johns Hospital — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Bel Nor — Inside Limits: Yes [ ] No [ ]
d. STREET ADDRESS (If outside, give location): 8448 Roanoke Dr. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First John, Middle, Last Holmes
4. DATE OF DEATH: Month 7, Day 14, Year 62
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 10/11/86
9. AGE (last birthday): 75 — 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): Musician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): New York
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Anna T. Holmes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of servic[redacted]
16. SOCIAL SECURITY NO.: [redacted]7
17. INFORMANT: Mrs. Anna T. Holmes, Address: 8448 Roanoke

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Carcinoma of prostate

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

DUE TO (b):

DUE TO (c): 177X

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): Pulmonary emphysema

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 7-1-62, to 7-14-62 and last saw her/him alive on 7-13-62
Death occurred at 4:00 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Erwin Reinhardt [illegible]
22b. ADDRESS: 18 S. Kingshighway
22c. DATE SIGNED: 7-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): cremation
23b. DATE: 7/16/62
23c. NAME OF CEMETERY OR CREMATORY: Ashes buried in Calvary Cemetery 9/3/62 Valhalla Crematory
23d. LOCATION (City, town, or county): St. Louis County (State): Mo.

24. FUNERAL DIRECTOR: Drehmann-Harral — ADDRESS: 1905 Union
25. DATE RECD. BY LOCAL REG.: JUL 16 1962
26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

MEDICAL CERTIFICATION

Dr. Erwin Leonhardt
Will be at St. Johns Hosp.
Mon. 8 - 12 noon

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 Albert R. Thompson

Licensed Embalmer No. 4237

P. O. Address St. Louis

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.