SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

TMENT OF PUBLIC HEALTH AND WELFARE

-61-046425
STATE FILE NUMBER

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11699

FILED DEC 21 1961

1. PLACE OF DEATH
a. COUNTY St. Louis

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
Length of stay in 1b: 8days
c. CITY OR TOWN Farmington
Inside Limits: Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Louis Childrens
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): R. R. # 2
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Steven Middle Wayne Last Holmes
4. DATE OF DEATH: Month Dec. Day 14 Year 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-11-61
9. AGE (last birthday)
IF UNDER 1 YEAR: Months 6 Days 3 IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Bonne Terre, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Norman Francis Holmes
13b. MOTHER'S MAIDEN NAME: Helen Cunningham
14. NAME OF HUSBAND OR WIFE: never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Jane Henrichsen 500 S. Kingshighway St. Louis Mo.

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): Respiratory failure — Respiratory failure
DUE TO (b): Cardiac arrest — Cardiac Arrest
DUE TO (c): Pneumo Cystis Carinii — Pneumo Cystis Carinii
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
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 (c): Disseminated pulmonic disease 759.0

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 12-6-61 to 12-14-61 and last saw her him alive on 12-14-61
Death occurred at 2:30pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Malcolm Garber M.D. — Malcolm Garber MD
22b. ADDRESS: 500 S. Kingshighway St. Louis, Missouri
22c. DATE SIGNED: 12-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 12-6-61
23c. NAME OF CEMETERY OR CREMATORY: St. Francois Memorial Park
23d. LOCATION (City, town, or county) (State): Bonne Terre, Mo.

24. FUNERAL DIRECTOR ADDRESS: Boyer Funeral Home, Bonne Terre, Mo.
25. DATE RECD. BY LOCAL REG.: DEC 15 1961
26. REGISTRAR'S SIGNATURE: Earl Smith M.D.

Amended:- "C" Corrected from 2nd S. DOCUMENT
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 Elmo K. Cadwell

Licensed Embalmer No. 4077

P. O. Address St Louis

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