

NOV 13 1939  
Registration District No. **791**  
**1002**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **8629**

1. PLACE OF DEATH:

(a) County 1  
(b) City or town ST. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Alexian Bro. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days)

8. (a) PRINT FULL NAME Marvin Lee Holmes 4522

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladys 6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased May 22 1919  
(Month) (Day) (Year)

8. AGE: Years 20 Months 4 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace St. Francis, Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Contractor's Laborer

11. Industry or business \_\_\_\_\_

12. Name Fred Holmes

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Crunclenton  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gladys Holmes

(b) Address Kimswick, Mo.

17. (a) Removal (b) Date thereof 10/9/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bon Terre, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) OCT 9 1939  
(Date received local registrar) J. F. Bradlock

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1  
(c) City or town Kimswick **NR**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7  
year 1939 hour 11 minute 15 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the day and hour stated above.

Immediate cause of death External Hemorrhage due to gunshot wound of left fore arm. pt. hands up side of face. Whiskey at Beck, Missouri about 9:00 pm Oct. 7 1939

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Homicide

(b) Date of occurrence Oct 7 1939

(c) Where did injury occur? Beck Missouri  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home  
(Specify type of place)

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Chad Perry (M. D. or other) \_\_\_\_\_

Address Deputy Coroner Date signed 10-9-39

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHILE FILLING IN USE CHANGING BLACK INK—MAKE A PERMANENT RECORD

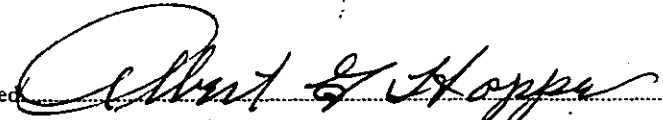
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**STATEMENT BY LICENSED EMBALMER**

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

....., Registered Apprentice No.....  
working under my personal supervision.

Signed 

Licensed Embalmer No. 2971

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 this body is not embalmed, above space should be left blank.**