

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

25714

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis

Registration District No. 789
Primary Registration District No. 6033
(No. 6309 Ridge Ave)

File No. _____
Registered No. 2216
St. _____ Ward _____

2. FULL NAME

Annie B. Handlon

(a) Residence. No. 6309 Ridge Ave St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

John M. Handlon

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 25, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. min.

71

2

20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Marine

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

John Harrington

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

No Carolina

12. MAIDEN NAME OF MOTHER

Mathilda Blum

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT

(Address)

Mr. John M. Handlon

6309 Ridge Ave

15.

FILED

7/16 1929

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 15 1929

17.

I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to July 15, 1929.
that I last saw him alive on July 15, 1929, and that death occurred, on the date stated above, at 8:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY)

(duration) 2 yrs. - mos. - da.

(duration) - yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

Chemical

(Signed) D. F. Ritter D.C. M.D.

7-15, 1929 (Address) 1506 71st Street Chicago

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Marine, Ill.

7-17 1929

20. UNDERTAKER

ADDRESS

Geo. L. Pleitsch 5966 Eastern

100-100-100