

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.

38357

1. PLACE OF DEATH

County St. Louis

Registration District No. 1170

Township

Primary Registration District No. 6248N

City

Richmond Heights No. 7585 Warner Ave. St. Ward

2. FULL NAME

(a) Residence. No. 7585 Warner Ave. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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

Augusta Handley

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

9-17-1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

54

3

24

8. OCCUPATION OF DECEASED

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

Merchant

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

Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Chillicothe Missouri

10. NAME OF FATHER

Winfield H. Handley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

14.

INFORMANT

(Address)

2 Mrs. Augusta Handley
7585 Warner Richmond Heights

15.

FILED

11/2 1929

L. L. Jensen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 11 1929

17.

I HEREBY CERTIFY, That I attended deceased from Oct 1st 1929 to Nov 11 1929 that I last saw him alive on Nov 11 1929 and that death occurred, on the date stated above, at 5-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer Oesophagus

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W. H. Punderson M. D.

Nov 2, 1929 (Address) 4811 Boulevard

*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

St. Peters Cem.

11-14-1929

20. UNDERTAKER

ADDRESS

Provost Ind. Co

3710 N. Grand

