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

Do not use this space.

6439

File No. 1478

Registered No. ____

1. PLACE OF DEATH

County ____ Registration District No. ____

Township ____ Primary Registration District No. ____

City St Louis (No. 3464 S. Grand Ave. St. ____ Ward)

2. FULL NAME Thomas. Handley.

(a) Residence, No. 3464 S Grand St., 16 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White.	Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11=1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	69.	9.	3.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Car cleaner. 45

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal R.R.

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La. 2.

FATHER

13. NAME Anthony. Handley.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 15

MOTHER

15. MAIDEN NAME Mary Owens.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) John A. Handley. 5925 Washington Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary. DATE Feb 16 1932

19. UNDERTAKER (ADDRESS) Mullen Undt Co. 3765 Delmar Blvd.

20. FILED FEB 15 1932 [signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1932, to Feb. 14, 1932

I last saw h. alive on Feb. 14, 1932. Death is said to have occurred on the date stated above, at 9 A m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral insufficiency	9
T. B.	
Other contributory causes of importance: Uraemia Sclerosis	9.

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ____

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Thos. W. Grace, M. D.

(Address) 3765 S Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD