

238  
S. No. 2  
DM-5-42  
v. 5-17-39  
X32873

32006

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED OCT 21 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8247

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. Grand & Cherokee Sts.  
3400 S. Cherokee

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Albert Handel

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2,  
year 1942 hour 8:10 minute A. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

21. I hereby certify that I attended the deceased from September 29, 1942 to October 2, 1942;  
that I last saw him alive on October 2, 1942;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased March 14, 1872  
(Month) (Day) (Year)

Immediate cause of death  
Hemolytic Streptococcus Septicemia

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>6</u>	<u>18</u>	hr. min.

Due to.....

Due to.....

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

Other conditions (Include pregnancy within 3 months of death)  
Menstruate, hemia

10. Usual occupation Retired

Major findings:  
Of operations Non Epidemic

Of autopsy Not done

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business.....

MOTHER FATHER {

12. Name Charles Handel

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

14. Maiden name Don't know

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

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

(a) Accident, suicide, or homicide (specify) None

(b) Date of occurrence.....

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

16. (a) Informant Edward Handel

(b) Address 2850 S. 18th St.

17. (a) Burial (b) Date thereof Oct. 6, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co.

(b) Address 2201 S. Grand Bl.

23. Signature Robert L. R... (Specify type of place) (e) Mean of injury  
Address 515 Lafayette Avenue Date signed 10/2/42

19. (a) OCT 5 1942 (b) J. F. Budick  
(Date received local Registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

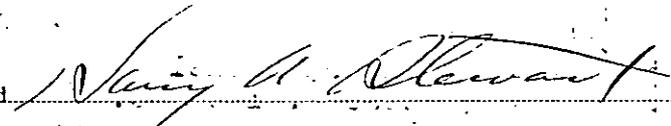
**STATEMENT BY LICENSED EMBALMER**

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..... 3722.....

P. O. Address 412 Duchouquette St.....

**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, fact should be so stated above.**