

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 757

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Jennings
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2520 McClaran
(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)

3. (a) PRINT FULL NAME Alfred Handley

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara L. 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased November 1 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Steam Engineer

11. Industry or business

12. Name George Handley
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Maria Gunn
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Clara L. Handley
(b) Address 4471 Olive

17. (a) Burial (b) Date thereof 3-28-44
(Burial, cremation, or other) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cem.

18. (a) Signature of funeral director W. H. Stuart
(b) Address 1235 Union Blvd.

19. (a) MAR 29 1944 (b) C. J. McSavary, MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 4471 Olive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) /
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25
year 1944 hour 7 minute A.M.

21. I hereby certify that I attended the deceased from July 2
1942 to March 25, 1944
that I last saw him alive on March 24, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration 2 yrs.

Due to
Due to

Other conditions Hypertension 5 yrs?
(Include pregnancy within months of death)

Major findings:
Of operations 93d
Of autopsy
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

While at work? (Specify type of place) (e) Means of injury
23. Signature Eugene J. Arnold (M. D. or other) MD
Address 1449 McSavary Date signed 3/26/44

1449 ME Hawaii

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

W. Wilkinson

Licensed Embalmer No.

3575

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, fact should be so stated above.