

FILED DEC 31 1944

Registration District No. 37194

Primary Registration District No. 6026

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town MANCHESTER MO  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
MANCHESTER MO 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 MO 19 days  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME NETTIE HANDKE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex F | 5. Color or race W

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

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

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May 6 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Odena, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

MOTHER FATHER {

12. Name James Kelly

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

14. Maiden name Virginia Klutter

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

16. (a) Informant Mrs Violet Baker

(b) Address 1436 Phantasm Ave

17. (a) Burial (b) Date thereof Nov. 26 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valley Cemetery

18. (a) Signature of funeral director H. Leidner

(b) Address 2223 S. Collins St

19. (a) DEC 1 1944 (b) E. H. McLaurant  
(Date received local registrar's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. County 200

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

(d) Street No. 1436 Phantasm Ave  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21  
year 1944 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from Aug. 2  
1944 to Nov. 21 1944;  
that I last saw her alive on Nov 21 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & hypertension

Due to generalized arteriosclerosis

Due to 930

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 \_\_\_\_\_

Signature A. J. Merkle (M. D. or other)

Address 3507 Poloma Date signed 11-25-44

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

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**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.....

*John P. Buckholz*

Licensed Embalmer No.....

16704

P. O. Address.....

2320 St Louis Ave

**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.**