

FILED SEP 14 1945 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

7918

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Park Lane Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution 32 years (Specify whether years, months or days)  
In this community

3. (a) PRINT FULL NAME Mrs. Bertha E. Handley

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Lenard Handley 6. (c) Age of husband or wife if alive 35 years  
7. Birth date of deceased April 8th, 1913  
(Month) (Day) (Year)

8. AGE: Years 32 Months 4 Days 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Francis M. Fisher  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Lenard Handley  
(b) Address 2106 N. 13th. St.

17. (a) Burial (b) Date thereof 9-9-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Blytheville, Ark

18. (a) Signature of funeral director Hy. Leidner U. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) SEP 16 1945 (b) J. Handley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CCO  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2106 N. 13th. St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7th.  
year 1945 hour 8:00 AM minute M.

21. I hereby certify that I attended the deceased from Sept 5 to Sept 7, 19 45  
that I last saw him alive on Sept 7, 19 45  
and that death occurred on the date and hour stated above.  
Immediate cause of death and Delitium Heart Dilation

Due to Myocarditis

Due to L

Other conditions 43  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

(Specify type of place)  
While at work? (a) Means of injury (c)

23. Signature Wm. J. D. Smith (or other)  
Address 4930 Date signed 9-8-45

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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. Buchholz*

Licensed Embalmer No.

1674

P. O. Address.

2223 St. Louis

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.