

FILED DEC 12 1945

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10479

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

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:
1440 a East OBear
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 years
(years, months or days)

3. (a) PRINT FULL NAME JOSEPHINE HANDS

3. (b) If veteran, name war _____ 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 Frank Hands 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased. Dec. 8th 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>24</u>	hr. _____ min.

9. Birthplace Belleville, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER {
12. Name Frank Frick
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Schnell
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Hands
(b) Address 1440 a OBear (Husband)

17. (a) Burial (b) Date thereof 12 -5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer ' Son's
(b) Address 3934 North 20th street

19. (a) DEC 3 1945 J. J. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1440 a OBear
(If rural, give location)
(e) Citizen of foreign country? Y/NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 2
year 1945 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sep 1944
19. _____ to Dec 2 19. 45

that I last saw her alive on Nov 20 19. 45
and that death occurred on the date and hour stated above.

Immediate cause of death Plasma Carcinoma following Carcinoma of breast
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of breast metastases
Of operations _____
Of autopsy No exilla.

Duration 1 yr
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) Means of injury _____
23. Signature D. Clausen (M. D. or other) _____
Address 827 West 11th St Date signed _____

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 Frank J. Dyland.
Licensed Embalmer No. 2645
P. O. Address St Louis Mo

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.