. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947 518

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18903

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4898

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital, Max Starkloff Memorial. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 YRS. (Specify whether years, months or days)
In this community .....

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. 1527A NORTH MARKET STR. 26 (If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME MARY HANDING
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 WIDOWED
6. (b) Name of husband or wife HENRY J. HANDING
6. (c) Age of husband or wife if alive DECD years
7. Birth date of deceased APR. 30 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WORK. 1
11. Industry or business AT HOME
MOTHER
12. Name FREDERICK LINDENBLUM 1
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
FATHER
14. Maiden name LOUISA JANSEN 1
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant Frances Estelle Wydler (Adm)
(b) Address 7917 Michigan Av
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 16-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director Brockland Und Co
(b) Address 1827 Hogan St.
19. (a) MAY 15 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1947 hour 5:45 minute A M.
21. I hereby certify that I attended the deceased from 5-9-47, 19..., to 5-13-47, 19...; that I last saw her alive on 5-13-47, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive Cardiovascular Dis	years
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations .....
Of autopsy .....

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury .....
23. Signature [illegible] (M. D. or other) M.D.
Address 1515 Lafayette Date signed 5-13-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....Elmo R. Cadwell

Licensed Embalmer No.....4077

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.