S. No. 2
M—1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43732

FILED DEC 22 1947

Registration District No. 317 — Primary Registration District No. 2002 — Registrar's No. 2520

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town University (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town ~~St Louis~~ University (If outside city or town limits, write "RURAL") 3
(d) Street No. 863 West Gate (If rural, give location) 5
(e) Citizen of foreign country? ..... (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME LOUIS HANDLEMAN
3. (b) If veteran, name war .....
3. (c) Social Security No. 492-01-5461

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mollie Handelman
6. (c) Age of ~~husband~~ or wife if alive 61 years
7. Birth date of deceased March (Month) 1 (Day) 1884 (Year)

8. AGE: Years 63 | Months 9 | Days 6 | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Russia (State or foreign country)
10. Usual occupation Presser
11. Industry or business Dresses

FATHER
12. Name Jacob Handelman
13. Birthplace ..... (City, town, or county) Russia (State or foreign country)

MOTHER
14. Maiden name Esther Lenshitz
15. Birthplace ..... (City, town, or county) Russia (State or foreign country)

16. (a) Informant Mollie Handelman
(b) Address 863 Westgate
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Chevrah Radisha
18. (a) Signature of funeral director Nenhandle
(b) Address 5010 Enright
19. (a) 12-8-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7. year 1947 hour 10 minute a M.
21. I hereby certify that I attended the deceased from Jan. 1946, to Dec 7, 1947; that I last saw him alive on Dec 5, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation	2 yrs.
Due to: Arteriosclerotic heart Dis.	yrs.
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 0
23. Signature Lawrence M. Kotner (M. D. or other)
Address 509 N. Grand Date signed 12/8/47

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

JAN 7 1948

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.....

Licensed Embalmer No. 3669

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.