

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 21586
Registrar's No. 4986

FILED JUN 17 1950

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 21586		Registrar's No. 4986			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> OR TOWN				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> OR TOWN <u>2264</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1826 Warren St</u>				e. STREET ADDRESS (If rural, give location) <u>1826 Warren St</u> <u>0</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alice</u> b. (Middle) _____ c. (Last) <u>Handley</u>			4. DATE OF DEATH <u>June 5 1950</u> (Month) (Day) (Year)								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>November 24 1860</u>		9. AGE (In years last birthday) <u>89</u>		10. IF UNDER 1 YEAR Months <u>6</u> Days <u>11</u> Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>				11. BIRTHPLACE (State or foreign country) <u>Decatur Ills</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph Spangler</u>				13b. MOTHER'S MAIDEN NAME <u>Saral Ellen</u>				14. NAME OF HUSBAND OR WIFE <u>late Handy Handley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Wm S. Geitz 1826 Warren St</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES <u>Chronic Multiple Arthritis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>12 years</u> <u>16 years</u>	
19a. DATE OF OPERATION <u>None</u>				19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ☒		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ☒		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>725X</u>							
22. I hereby certify that I attended the deceased from <u>July 19 35</u> , to <u>June 5th 19 50</u> , that I last saw the deceased alive on <u>June 3rd 19 50</u> , and that death occurred at <u>8:00 A.M.</u> from the causes and on the date stated above.											
23a. SIGNATURE <u>E. J. Franklin MD</u> (Degree or title)				23b. ADDRESS <u>3635 N. NEWSTEAD AVE</u>				23c. DATE SIGNED <u>6/5/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 7 1950</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Valhalla Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis CO. MO</u>					
DATE REC'D BY LOCAL REG. <u>JUN 6 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Santos</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin F Feutz 4828 Nat Bridge Blvd</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

