

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24828  
State File No. \_\_\_\_\_  
6665  
Registrar's No. \_\_\_\_\_

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>   |  | PRIMARY REG. DIST. NO. <b>1003</b>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY  |  |   |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>St. Louis</b>   |  | c. LENGTH OF STAY (in this place)   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>   |  | <b>2239</b>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>1525 So. 3rd. St.</b>  |  |   | d. STREET ADDRESS (If rural, give location)<br><b>1525 So. 3rd. St.</b>  |  |   |
| 3. NAME OF DECEASED<br>(Type or Print) <b>Pauline</b>  |  | a. (First)  | b. (Middle)  | c. (Last) <b>Handorf</b>   | 4. DATE OF DEATH<br><b>8-3-50</b>   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widow</b>            | 8. DATE OF BIRTH<br><b>3-25-1873</b>   | 9. AGE (In years last birthday) <b>77</b>  | IF UNDER 1 YEAR<br>Months <b>4</b> Days <b>8</b>                                    |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Hwk.</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (State or foreign country)<br><b>Indiana</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U. S.</b>  |
| 13a. FATHER'S NAME<br><b>Andrew Schmitt</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Francis Miser</b>                                 |  | 14. NAME OF HUSBAND OR WIFE<br><b>Lewis Handorf</b>                                    |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><b>nil.</b>   | 16. SOCIAL SECURITY NO.  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Esther Roth 1525 So. 3rd. St.</b> |  |  |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                      |  |   | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>arteriosclerosis</b><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>old age</b> |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 days</b><br><b>Yes.</b>                    |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION<br><b>→</b>   |   |  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>fall</b>   |  |  |   |
| 22. I hereby certify that I attended the deceased from <b>June 1, 1950</b> , to <b>8-3, 1950</b> , that I last saw the deceased alive on <b>8-2, 1950</b> , and that death occurred at <b>7:19</b> m., from the causes and on the date stated above. |  |   |  |  |   |
| 23a. SIGNATURE<br><b>H. S. Payne</b>   |  |   | 23b. ADDRESS<br><b>27529 Cherokee</b>  | 23c. DATE SIGNED<br><b>Aug 4-50</b>  |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   | 24b. DATE<br><b>8-5-50</b>   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>New Picker</b>                           | 24d. LOCATION (City, town, or county) (State)<br><b>St Louis Mo.</b>   |  |   |
| DATE RECEIVED BY LOCAL REGISTRAR<br><b>AUG 4 1950</b>  |  |   | REGISTRAR'S SIGNATURE<br><b>J. B. Sauter</b>   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Moydell Funeral Home 1926 Allen Av.</b> |   |

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

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 me

working under my personal supervision.

Student Embalmer No. ....

Signed

Dale A. Stranner

Signed.....

Student Embalmer

Licensed Embalmer No.

4533

P. O. Address

1926 Al

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.