

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **14329**
Registrar's No. **2360**

BIRTH NO. 24587		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 2360	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) 2hr 20m		d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRENTWOOD		4511	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS MATERNITY HOSP				d. STREET ADDRESS (If rural, give location) 1539 E. SWAN CIRCLE			
3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) HANDLEY			4. DATE OF DEATH (Month) (Day) (Year) FEB. 29 1952				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NONE		8. DATE OF BIRTH 2/29/52	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MO.			12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JAMES RAY HANDLEY		13b. MOTHER'S MAIDEN NAME HELEN LESLIE MILLS		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME JAMES AND HELEN HANDLEY			
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anencephalic monster ANTECEDENT CAUSES Morbid 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. Prematurity (33 wks)					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? 750X			
22. I hereby certify that I attended the deceased from FEB. 29 , 19 52 to Feb. 29 , 19 52 that I last saw the deceased alive on FEB. 29 , 19 52 , and that death occurred at 2: P m. , from the causes and on the date stated above.							
23a. SIGNATURE John Stobbs		(Degree or title) M.D.		23b. ADDRESS 630 S. Knapp Highway		23c. DATE SIGNED 3/1/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-31-52		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL MAR 12 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Rowland		ADDRESS 4104 Manhattan	

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_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed_____

Licensed Embalmer No. _____

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.