

STANDARD CERTIFICATE OF DEATH

State File No. **19455**

FILED JUN 12 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5256**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights 4485	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS (If rural, give location) 7329 Ethel Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) Mary c. (Last) Handy		4. DATE OF DEATH (Month) (Day) (Year) 5 24 53	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/31/82
9. AGE (In years last birthday) 70		10. UNDER 1 YEAR Months 11 Days 23	11. UNDER 24 HRS. Hours 11 Min. 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Reniek Mo.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME John J. Cox		13b. MOTHER'S MAIDEN NAME Jane Saunders	14. NAME OF HUSBAND OR WIFE William M. Handy
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 ADDRESS William M. Handy 7329 Ethel Ave
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) Coronary Thrombosis 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. Rheumatic Heart Disease	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 4201	
22. I hereby certify that I attended the deceased from Oct , 19 51 , to 5-24 , 19 53 , that I last saw the deceased alive on 5-24-53 , 19____, and that death occurred at 10A m., from the causes and on the date stated above.			
23a. SIGNATURE Paul O. Hagemann M.D.		23b. ADDRESS 3720 Washington Blvd.	23c. DATE SIGNED 5-25-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Remove	24b. DATE 5/27/53	24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	24d. LOCATION (City, town, or county) (State) Laddonia, Mo.
DATE REC'D BY LOCAL REG. MAY 26 1953	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robert I. Ambruster 6633 Clayton Rd.	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Ernest W. Spill*

Licensed Embalmer No..... *4080*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.