

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32618**

BIRTH NO. **66739-56** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2143**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. CITY OR TOWN <b>Fenton</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (If this place) <b>5 days</b>		e. STREET ADDRESS (If rural, give location) <b>RR 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Stephen</b> b. (Middle) <b>Dwain</b> c. (Last) <b>Handley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 11 1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept. 7 1956</b>		9. AGE (In years last birthday) <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kirkwood Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Walter Hanley</b>		13b. MOTHER'S MAIDEN NAME <b>Patsy Poole</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Patsy Handley, Fenton, Missouri</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <b>Immaturity of lungs</b> rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>7590</b> 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?	

22. I hereby certify that I attended the deceased from **7 Sept, 1956** to **10 Sept, 1956** that I last saw the deceased alive on **10 Sept 1956**, and that death occurred at **12 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert J. Burle MD</b>		23b. ADDRESS <b>St. Louis Mo. 16 Hampton Village Plaza</b>		23c. DATE SIGNED <b>11 Sept 56</b>	
24. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9/12/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union</b>	
24d. LOCATION (City, town, or county) (State) <b>Union Franklin Mo.</b>					

DATE REC'D BY LOCAL REG. <b>9-11-56</b>		REGISTRAR'S SIGNATURE <b>Robert R. Somber</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. P. Ottensmire</b>	
				ADDRESS <b>Union, Mo.</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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed E. H. Ottmann

Licensed Embalmer No. 1686

P. O. Address Union, Mo.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.