

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011713

STATE FILE NUMBER

FILED MAR 19 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2963

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Peoples Hospital		Length of stay in lb STREET ADDRESS (If outside, give location) 1408 Granville Pl.	
3. NAME OF DECEASED (Type or print) First JAMES Middle HANDLEY Last		4. DATE OF DEATH Month March Day 11 Year 1958	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Feb. 5, 1882
9. AGE (In years last birthday) 76		10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Lonoke, Arkansas		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John Handley		13b. MOTHER'S MAIDEN NAME Sallie McGregor	
14. NAME OF HUSBAND OR WIFE Carrie Handley			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-05-0136	
17. INFORMANT Alfred Handley		Address 4203 Enright Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) hypertension DUE TO (b) hypertension, cerebral thrombosis DUE TO (c) cerebral thrombosis, arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332x			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 2/24/58 to 3/11/58 and last saw her alive on 3/11/58 Death occurred at 3/11/58 6:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W.C. Bridger (Degree or title) MD		22b. ADDRESS 941 N. Sarah	
22c. DATE SIGNED MAR 13 '58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/17/58	
23c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
24. FUNERAL DIRECTOR Charles J. Gates		25. DATE RECD. BY LOCAL REG. MAR 13 '58	
26. REGISTRAR'S SIGNATURE J. Carl Smith MD			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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
Signature of Student Embalmer

Signed *Guyton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney Ave

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.