

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016850

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4413 STATE FILE NUMBER

FILED MAY 10 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS Length of stay in 1b 2 WEEKS
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSP Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4440 LINDELL Reside on Farm Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY _____

3. NAME OF DECEASED (Type or print) First EDNA Middle W Last HANDLEY 4. DATE OF DEATH Month APRIL Day 27 Year 1962

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 11/13/1875 9. AGE (last birthday) 86 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) KANSAS CITY MO 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME GEORGE E WILKENS 13b. MOTHER'S MAIDEN NAME ANN READ 14. NAME OF HUSBAND OR WIFE J.M. HANDLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. NONE 17. INFORMANT W.J. PHELAN Address 4440 LINDELL

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac Insufficiency. INTERVAL BETWEEN ONSET AND DEATH 2 or 3 months.
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease approx 6 mo
 DUE TO (c) Generalized Arteriosclerosis of blood

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Emphysema, Coronary Insufficiency PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4200

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK 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 Jan 18-62 to April 27-62 and last saw her alive on 4-27-62. Death occurred at 7P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John B. Munnis MD (Degree or title) 22b. ADDRESS 634 N Grand 22c. DATE SIGNED 4-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4/30/1962 23c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE CEM 23d. LOCATION (City, town, or county) (State) ST. LOUIS MO

24. FUNERAL DIRECTOR STOCK MORTUARY ADDRESS 889 S BRENTWOOD 25. DATE RECD. BY LOCAL REG. APR 30 1962 26. REGISTRAR'S SIGNATURE Earl Smith MD

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

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2 219
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59

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 Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address St. Louis, 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.