

FILED AUG 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28121

318

1003

Registrar's No. 6916

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>ST. LOUIS</i>				c. LENGTH OF STAY (in this place) <i>17</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>4400<sup>1</sup> Arco</i>				d. STREET ADDRESS (If rural, give location) <i>4400<sup>A</sup> ARCO</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <i>HEROLD</i>			b. (Middle) <i>J.</i>		c. (Last) <i>HAND</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>AUG 8 1949</i>		
5. SEX <i>M.</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>DEC 15-1906</i>		9. AGE (In years last birthday) if UNDER 1 YEAR if UNDER 1 MRS. <i>42</i> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>LABORATORY TECHNICIAN</i>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>ALBERT HAND</i>			13b. MOTHER'S, MAIDEN NAME <i>JENNIE UNKNOWN</i>			14. NAME OF WIFE OR WIFE <i>Evelyn Hand</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Evelyn Hand 4400<sup>A</sup> Arco Av</i>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Neurorrhage due to gun shot wound of left chest</i> ANTECEDENT CAUSES <i>self inflicted at his home</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>all</i> DUE TO (c) <i>all</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <i>Aug 8 1949, about 6:18 pm</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Suicide</i>						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <i>Suicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo. Mo.</i>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Aug 8 49 6:18 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>gun</i>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>6:18 P. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <i>Cathel E Taylor, MD</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8-9-49.</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i>		24b. DATE <i>AUG 11-49</i>		24c. NAME OF CEMETERY OR CREMATORY <i>MASONIC CEM.</i>		24d. LOCATION (City, town, or county) (State) <i>Potosi Mo.</i>			
DATE REC'D BY LOCAL REG. <i>AUG 9 1949</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>E. J. Schuur 3125 Lafayette</i>				

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*John Wollmuth*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*4014*

P. O. Address.....

*3125 Lafayette 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 this body is not embalmed, fact should be so stated above.