

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23315
 Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200
 or
 (c) City Kennett (d) Street No. Koch Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 60 yrs. 4 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. da.
 2. PRINT FULL NAME Florence Archoff
 (a) Residence, No. 7273 Lindele Blvd. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24 - 1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 4 6
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation Life

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5th. 1939
 22. I HEREBY CERTIFY That I attended deceased from 7-1-, 1938, to 6-5-, 1939.
 I last saw her alive on 6-5-, 1939. Death is said to have occurred on the date stated above, at 12⁰⁵ noon
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Diabetes Mellitus
Pulm. Tub.
 Date of onset
?
?
1926
 46
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 FATHER 13. NAME Wm H. Gaffney 5
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 0
 MOTHER 15. MAIDEN NAME Harriet Whyte
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.
 17. INFORMANT (ADDRESS) Mrs. Harriet Platt
6153 Waterman Ave.
 18. BURIAL (CREMATION, OR REMOVAL) PLACE Calvary DATE June 8th 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arthur J. Donnelly
384 Grand Blvd.
 20. FILED JUN 6 1939 AK Mo.
 Local Registrar.

Name of operation None Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Albert Kaplan, M. D.
 (Address) Kennett, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1939

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Alfred J. Predeter

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

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, above space should be left blank.