

LEO JUN 10 1942

791

Primary Registration District No. 1003

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4587^a Kensington Pl. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4587^a Kensington Pl.
(If rural give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jeanie E. Archibald

3. (b) If veteran, name war!..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased December 10, 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business.....

MOTHER FATHER { 12. Name James Archibald
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Alice Wilson
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred White

(b) Address 4646 S. Compton

17. (a) Burial (b) Date thereof May 26 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ Valhalla

18. (a) Signature of funeral director J. J. Amblerowicz

(b) Address 5401 S. Grand Blvd. 1

19. (a) MAY 28 1942 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1942 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from April 15 1942 to May 26 1942
that I last saw her alive on May 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis Duration 6 wks

Due to acute I.L. heart

Due to hypertension simple Duration 6 wks

Other conditions.....
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93d
Of autopsy 110

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Otto T. Walsen (M. D. or other) MD
Address 7904 Park Ave Date signed 5/26/42

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.....

G. W. Wilkins

Licensed Embalmer No.....

3578

P. O. Address.....

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.