No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22

FILED FEB 27 1944

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 322

1. PLACE OF DEATH:

(a) County: St Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St, Louis, City Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 Days. (Specify whether
In this community About 20 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17
(c) City or town St, Louis. 9V
(If outside city or town limits, write "RURAL")
(d) Street No. 2609 N. Market St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ferdinand, Archambo.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Archambo. Nee Mc Cormic

6. (c) Age of husband or wife if years

7. Birth date of deceased 7 (Month) 19 (Day) 1862 (Year)

8. AGE: Years 81 | Months 5 | Days 22 | If less than one day hr. min.

9. Birthplace Franklin, Co. (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Nil.

11. Industry or business

MOTHER FATHER

12. Name Louis, Archambo

13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Charles, Archambo

(b) Address 1826 N. 21 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 13 (Day) 44 (Year)

(c) Place: burial or cremation Festus, Mo.

18. (a) Signature of funeral director Goodhart & Goodhart

(b) Address 2228 St, Louis, Ave.

19. (a) JAN 11 1944 (Date received local registrar) (b) J. F. Bruner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day ~~Jan~~ 11 year 1944 hour 6 minute 50 a.M.

21. I hereby certify that I attended the deceased from 1-8 1944, 19..., to 1/11 1944 that I last saw h... alive on 1/11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart failure	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None

Of autopsy None

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

22. If death was due to external causes, fill in the following: None

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

23. Signature [illegible] Wade (M.D. or other)
Address 1515 Lafayette Date signed 1-11-44

(Licensed Embalmer's Statement on Reverse Side)

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 Marie A. Cashion

Licensed Embalmer No. 3949

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.