

FILED JUL 30 1946

Registration District No. 277

Primary Registration District No. 3062

Registrar's No. 1526

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Brentwood
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1432 Kenilworth Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Brentwood
(If outside city or town limits, write "RURAL")

(d) Street No. 1432 Kenilworth Dr.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary A. Archdeacon

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17,
year 1946 hour 2:30 PM minute _____ M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Maurice Archdeacon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 2, 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 1, 1946 to July 17, 1946
that I last saw her alive on July 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease Duration 10 year

8. AGE: Years 70 Months 3 Days 15 If less than one day _____ hr. _____ min.

Due to Arteriosclerosis 10 yrs

Due to ? 9 3d

9. Birthplace Staunton Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation At home

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Bruce

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

14. Maiden name Elizabeth Lane

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Maurice Archdeacon

(b) Address 1432 Kenilworth Dr.

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 7/20/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

(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? _____

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

While at work? _____ (Specify type of place)

(c) Means of Injury 0

19. (a) 7-20-46 (b) E.S. McDevian
(Date received local registrar) (Registrar's signature)

23. Signature E.S. McDevian (M. D. or other) _____
Address 634 N. Grand Ave. Date signed 7/18/46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

76
9
1
23648

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 *William G. Buehholz*

Licensed Embalmer No. *2110*

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