

42093

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10606**

1. PLACE OF DEATH:

(a) County St. Louis mo
 (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: Barnes Hospital,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 days
(Specify whether
 In this community BEULAH C. ARCHER.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State W. Virginia. (b) County _____
 (c) City or town Elm Grove,
(If outside city or town limits, write "RURAL")
 (d) Street No. 2348 National Road.,
(If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Beulah C. Archer.
 (b) If veteran, name war None.
 (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9
 year 1946 hour 4 minute 45 P M.
 21. I hereby certify that I attended the deceased from 11/22, 1946, to 12/9, 1946,
 that I last saw him alive on 12/9, 1946,
 and that death occurred on the date and hour stated above.

4. Sex Female. / 5. Color or race White.
 6. (a) Single, widowed, married, divorced Widowed.
 6. (b) Name of husband or wife James S. Archer.
 6. (c) Age of husband or wife if alive Dec'd. years
 7. Birth date of deceased November 9th, 1885.
(Month) (Day) (Year)

Immediate cause of death acute peripheral circulatory insufficiency 2 hrs.
 Due to AT. pneumoniae 3 hrs.

8. AGE: Years Months Days If less than one day
61. 1. 0. hr. min.

Due to _____
 Other conditions ① Cardiospasm ② Duodenal ulcer ③ Esophagitis ④ Chronic inflam. 12 yrs
(Include pregnancy within 3 months of death)
 Major findings: of RUL
 Of operations _____
 Of autopsy as above but include LUL, RLL, cirles ③ and ④
 PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Elm Grove, W. Virginia.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.
 11. Industry or business _____
 12. Name Hanson M. Conner.
 13. Birthplace Pleasant Valley, W. Virginia.
(City, town, or county) (State or foreign country)
 14. Maiden name Hulda Scott.
 15. Birthplace Pleasant Valley, W. Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Thomas P. O'Brien.
 (b) Address Wheeling W. Virginia.
 17. (a) Removal. (b) Date thereof 12/10/46.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Wheeling W. Virginia.

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) (Means of injury)
 23. Signature David R. O'Neil (M. D. or _____) M.D.
 Address Barnes Hospital Date signed 12-9-46

18. (a) Signature of funeral director C. R. Lupton & Sons.
 (b) Address #7233 Delmar Blv'd.,
 19. (a) DEC 10 1946 (Date received local registrar)
J. F. Bredbeck (Registrar's signature)

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

40903

794
 46
 N.R. 0
 2

MOTHER FATHER

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

Raymond L. Morris

Licensed Embalmer No.

4330

P. O. Address

Maplewood 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.