

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37824
Registrar's No. 10052

FILED DEC 2 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3864 McDonald
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 90 years
years, months or days)

3. (a) PRINT FULL NAME ALICE LOUISE ARCHER

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

4. Sex Fe / 5. Color or race White
6. (g) Single, widowed, married, divorced, widowed 2
6. (b) Name of husband or wife Charles L. Archer 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 20 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
90 8 28 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jona's Braun
13. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)
14. Maiden name Anna Metz
15. Birthplace Germany ✓
(City, town, or county) (State or foreign country)

16. (a) Informant Saida Bell Archer

(b) Address 3864 McDonald

17. (a) Burial (b) Date thereof 11-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette

19. (a) NOV 19 1948 (b) J.B. Leuter
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3864 McDonald 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 18
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 20
1944 to November 18 1948
that I last saw her alive on November 18 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Duration 1 day
Due to Hypertension 2 yrs
Due to Chronic nephritis 2 yrs

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

Major findings: 12/1 h
Of operations _____ PHYSICIAN _____
Of autopsy _____ 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) (c) Means of injury _____
23. Signature A.W. McLaughlin (M. D. or other) M.D.
Address 3739 Gravois Date signed 11/19/48

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..... *O. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address. *2301 Lafayette*

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.