

FILED NOV 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35677

Registrar's No. 2676

BIRTH NO. _____		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6076	
1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis Co.		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pagedale		c. LENGTH OF STAY (in this place)	d. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pagedale		4280
d. FULL NAME OF HOSPITAL OR INSTITUTION 1345 Ferguson Ave.,			d. STREET ADDRESS (If rural, give location) 1345 Ferguson Ave.,		
3. NAME OF DECEASED (Type or Print) a. (First) LOUISE		b. (Middle) A.	c. (Last) ARCHER	4. DATE OF DEATH (Month) (Day) (Year) Nov. 4, 1950.	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 8, 1892.	9. AGE (In years last birthday) 58	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mosco Mills, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William Seefluth		13b. MOTHER'S MAIDEN NAME Albertine Spielhagen		14. NAME OF HUSBAND OR WIFE Parks W. Archer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 497-05-7512	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Parker W. Archer, 1345 Ferguson Ave.,			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Metastatic carcinoma of lungs of carcinoma of breast ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr - 7 yrs 170X
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) Nov 3 1950 1:00 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19:00 p.m., 1950 to 4:00 p.m., 1950, that I last saw the deceased alive on 4:00 p.m., 1950, and that death occurred at 5:55 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Richard G. Jones M.D.			23b. ADDRESS 3720 Washington St. Louis	23c. DATE SIGNED 4 Nov 50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 7/50.	24c. NAME OF CEMETERY OR CREMATORY Anderson Cem.,	24d. LOCATION (City, town, or county) (State) Masco Mills, Mo.		
DATE REC'D BY LOCAL REG. 11-6-50	REGISTRAR'S SIGNATURE H.R. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Clark 1125 Hodiamont Ave.,		

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Richard Jones
3720 Washington Blvd.,

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County

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~~

working under my personal supervision.

Student Embalmer No.

Signed.....

Alfred J. Boedeker

Signed.....

Student Embalmer

Licensed Embalmer No. 2663

P. O. Address. #125 Hudson

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.