

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

7064

State File No.

BIRTH NO. FILED **MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **252**

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,	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton, Mo.		c. CITY OR TOWN Florissant, Mo.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) DOA.		e. STREET ADDRESS (If rural, give location) 125 Clark Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis, County Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Carol	b. (Middle) Marie	c. (Last) Archibee	4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Jan 11, 1954.	9. AGE (In years last birthday) 5 weeks.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None.	11. BIRTHPLACE (City and State or Foreign Country) Richmond Heights, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lee Archibee	13b. MOTHER'S MAIDEN NAME Beulah Wk.	14. NAME OF HUSBAND OR WIFE None.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	(If yes, give year or dates of service)	16. SOCIAL SECURITY NO. None.	17. INFORMANT'S SIGNATURE OR NAME Lee Archibee	ADDRESS 125 Clark Florissant Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 7955
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input 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____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Domke, Local Registrar	(Degree or title) b	23b. ADDRESS 651 S. Brentwood Blvd.	23c. DATE SIGNED 2/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-28-54	24c. NAME OF CEMETERY OR CREMATORY Parkview Cemetery	24d. LOCATION (City, town, or county) (State) Flat River, Mo.
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DATE REC'D BY LOCAL REG. 1/28/54	REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 3

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~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. Penelux*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.