

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037565

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 318 Primary Registration District No. 1003

Registrar's 10392

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Madison		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Alton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 32 2017 State St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EMMA NMN ARCHER			4. DATE OF DEATH Month Day Year OCTOBER 26, 1958		
5. SEX Fem. 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 5, 1892		9. AGE (In years last birthday) 66
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10b. KIND OF BUSINESS OR INDUSTRY A. State Hospital	11. BIRTHPLACE (City and state or country) Stovall, Miss.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME George Frazier		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Joseph Archer (Deceased).	
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. None		17. INFORMANT Address 16 Sullivan Dr. Alton, Illinois <i>George Frazier</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) QUESTIONABLE PULMONARY EMBOLISM  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THROMBOSIS OF SUPERFICIAL VEIN, LEFT LEG DUE TO (c) VARICOSE VEINS					INTERVAL BETWEEN ONSET AND DEATH 2 DAYS  UNKNOWN 7 YEARS
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 460x			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from OCT. 16, 1958 to OCT. 26, 1958 and last saw her alive on OCT. 26, 1958 Death occurred at 7:20 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>C. D. Hamilton, M.D.</i> (Degree or title) M. D.			22b. ADDRESS BARNES HOSPITAL		22c. DATE SIGNED 10-30-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.-Burial		23b. DATE 10-30-58	23c. NAME OF CEMETERY OR CREMATORY Upper Alton		23d. LOCATION (City, town, or county) (State) Alton-Madison Illinois
24. FUNERAL DIRECTOR <i>Joel Russell</i>		ADDRESS 1924 Central Alton, Ill.	DATE RECD. BY LOCAL REG. OCT 3 0'58		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joel Russell* .....

Licensed Embalmer No. *4112* .....

P. O. Address *Alton, Ill.* .....  
*1924 Central Ave.*

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.