

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS FEB 25 1960**

**-60-007883**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 1851**

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>                     |  | Length of stay in 1b<br><b>13 days</b>   | c. CITY OR TOWN <b>St. Louis</b><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Louis Childrens</b> |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>1339 Montclair St.</b><br>Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |                                    |   |   |  |   |                |
|---|------------------------------------|---|---|--|---|----------------|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Darren Archie</b>                                      |                                    |   | 4. DATE OF DEATH<br>Month Day Year<br><b>2 15 60</b>                |  |   |                |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>Colored</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-27-59</b>                                  | 9. AGE (last birthday)                       | IF UNDER 1 YEAR<br>Months Days Hours Min.<br><b>8</b> | IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>None</b>            |                                    | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>None</b>  | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |   |                |
| 13a. FATHER'S NAME<br><b>Troy G. Phillips</b>   |                                    | 13b. MOTHER'S MAIDEN NAME<br><b>Elizabeth Archie</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>None</b>   |   |                |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                    | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Vernell Kunzie 500S.Kingshighway</b>    |  |   |                |

|  |   |  |
|--|---|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Cardiac Arrest</b>  |   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>Operation for Brain Tumor</b> |  |
|  | DUE TO (c) <b>Medulloblastoma</b>           |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>1930</b> |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|   |   |   |
|---|---|---|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 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.)<br><b>1930</b> |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br>Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <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 **2-2-60** to **2-15-60** and last saw her/him alive on **2-15-60**  
 Death occurred at **1:27 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |  |
|--|--|--|
| 22a. SIGNATURE (Degree or title)<br><b>Howard U. Sander M.D.</b>           | 22b. ADDRESS<br><b>500 S. Kingshighway St. Louis</b> | 22c. DATE SIGNED<br><b>Feb 15, 1960</b>                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b>                | 23b. DATE<br><b>2-18-60</b>                          | 23c. NAME OF CEMETERY OR CREMATORY<br><b>WASHINGTON PARK</b> |
| 23d. LOCATION (City, town, or county) (State)<br><b>ST LOUIS COUNTY MO</b> |  |  |

|  |  |  |
|--|--|--|
| 24. FUNERAL DIRECTOR ADDRESS<br><b>SWAN-MEGHEE UND CO<br/>1619 N UNION</b> | 25. DATE RECD. BY LOCAL REG.<br><b>FEB 17 1960</b> | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b><br><i>acm</i> |
|--|--|--|

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.