

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

33323

1. PLACE OF DEATH

County St. Charles
Township St. Charles
City St. Charles (No. St. Gas. Hosp.)

Registration District No. 157
Primary Registration District No. 3036

File No. _____
Registered No. 158
St. _____ Ward _____

2. FULL NAME

Elizabeth Archer

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. | ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard P. Archer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15-1882

7. AGE 50 YEARS MONTHS 5 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Case Mo. (STATE OR COUNTRY)

13. NAME Elizabeth Marotter

14. BIRTHPLACE (CITY OR TOWN) Gasconade City Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Phoebe Marchensky

16. BIRTHPLACE (CITY OR TOWN) Swiss Mo. (STATE OR COUNTRY)

17. INFORMANT Margaret Archer (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mc Kittrick, Mo. DATE 11/3

19. UNDERTAKER Morris Muehling (ADDRESS) Humburg, Mo.

20. FILED 11/2 1932 St. Charles, Mo. Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1932 to October 31, 1932

I last saw her alive on October 31, 1932 Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 2
Coma 10/30/32

Other contributory causes of importance: 57
Tropic Asthma
(not in mental condition to ascertain exact status of case)

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. P. Wentker, M. D.

(Address) St. Charles, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

