

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 9 1935

10831

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Desloge Hosp**)

File No.
Registered No. **2453** St. **6** Ward

2. FULL NAME

George W. Archambault
(a) Residence, No. **5888 Theodora** St. **6** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sylvia Archambault		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1862		
7. AGE YEARS 72	MONTHS 7	DAYS 1
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber		11. Total time (years) spent in this occupation
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)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 13, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 11, 1935** to **Mar 13, 1935**

I last saw him alive on **3-13-35**, 1935. Death is said to have occurred on the date stated above, at **3:25 a.m.**

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

Carcinoma of Stomach of 15 years duration
Diabetes mellitus
Carcinoma of Head of Prostate

Date of onset **2-35**

Other contributory causes of importance:
Biliary obstruction due to Carcinoma of Head of Pancreas
Diabetic Induration of Testes
Prostatitis with urethritis

Name of operation **to remove** Date of **2/28/35**

What test confirmed diagnosis **separating** as there an autopsy? **Yes**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fronzant Mo.**

13. NAME **August P. Archambault**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada.**

15. MAIDEN NAME **Amanda Perry**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Flourissant Mo.**

17. INFORMANT **Geo W. Archambault**
(ADDRESS) **5165 Delmar**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Ferdinand** DATE **March 16, 1935**

19. UNDERTAKER **Mullen and Co**
(ADDRESS) **5165 Delmar St.**

20. FILED **14 1935** 19
Joe S. Dredack
Registrar.

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?

If so, specify **Wishmann** M. D.
(Signed) **Sumner Desloge Hosp**
(Address) **St. Louis, Mo.**

W. E. L. R. R. R. R.