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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25641

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6925

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town St. Louis 12 17
(If outside city or town limits, write "RURAL") 7
(d) Street No. 4705 Page Avenue.,
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

Attending Physician

3. (a) PRINT FULL NAME Mary Ann Archambo

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marvin Archambo

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased January 11, 1907 (Month) (Day) (Year)

8. AGE: Years 35 Months 7 Days 5 If less than one day hr. min.

9. Birthplace French Village (City, town, or county) Missouri (State or foreign country) O

10. Usual occupation Inspector

11. Industry or business Ordiance Plant

MOTHER FATHER

12. Name Joseph Eichanlaub

13. Birthplace Ste. Genevieve, Missouri (City, town, or county) (State or foreign country) O

MOTHER

14. Maiden name Mary Ann Aubuschan

15. Birthplace French Village (City, town, or county) Missouri (State or foreign country) O

16. (a) Informant Marvin Archambo

(b) Address 4705 Page Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/17/42 (Month) (Day) (Year)

(c) Place: burial or cremation French City, Mo

18. (a) Signature of funeral director Albert H. Hoppe Inc

(b) Address 4700 Washington Blbd.,

19. (a) AUG 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16 year 1942. hour minute M.

21. I hereby certify that I attended the deceased from , 19, to , 19; that I last saw h alive on , 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Allen (M. D. or other)
Address Deputy Coroner Date signed 8/17/42

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Albert H Hoppe

Licensed Embalmer No. 1-861

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.