

S. No. 2  
M-9-4-41  
5-17-39  
PI X29-44

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH  
318 1003

State File No. 16722  
4454  
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
En Route to City Hospital #13  
(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)

3. (a) PRINT FULL NAME Archie E. Ward

3. (b) If veteran, name war \*\*\*\*\* 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single

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

7. Birth date of deceased March 10 1907  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
36 1 29 hr. min.

9. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer  
11. Industry or business Unemployed

MOTHER FATHER

12. Name Ike Eads

13. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)

14. Maiden name Georgia Lawson

15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Lorraine A. Ward

(b) Address Clinton Tennessee

17. (a) Removal (b) Date thereof May 13th. 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McAlester Okla

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 12 1943 (b) J. F. Braddock  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 11 N. 6th St (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day May  
year 1943 hour 4:30 minute P. M.

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

Immediate cause of death:  
Cyanide Poisoning when he was found in a building, where he roomed, 11 N. 6th Street, about 4:30 P.M., May 9th, 1943, which was being fumigated.

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations 13

Of autopsy Cyabide poisoning

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

(a) Accident, suicide, or homicide (specify) Accident  
(b) Date of occurrence May 9, 1943  
(c) Where did injury occur? St. Louis, Mo.  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home

While at work? no (Specify type of place) (e) Means of injury Cyanide

23. Signature James J. Fitzsimmons (M.D. or other)  
Address 1329 6th ave Date signed 5/13/43

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

STATEMENT BY LICENSED EMBALMER

Re.

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 Frank J. Quinn

Licensed Embalmer No. 2245

P. O. Address St. Louis, Mo

**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.**