

FILED APR 22 1944

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 899

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Baby Boy Arch  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Colored 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 4-12-44  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
0 0 1 hr. \_\_\_\_\_ min.

9. Birthplace Elmwood Park Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Starling Arch  
13. Birthplace Unknown Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Juanita Galus  
15. Birthplace Richmond Heights Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant STARLING ARCH  
(b) Address ELWOOD MO.

17. (a) BURIAL (b) Date thereof April 15 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PR. CEM.

18. (a) Signature of funeral director BOYD BROS. FUNERAL HOME

(b) Address 3 LANDSTANZA SO. KINLOCH

19. (a) APR 17 1944 (b) E. G. Mc Garrison, M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Elmwood Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. R. # 2 Box 440  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4-13-44 day  
year \_\_\_\_\_ hour 12:50 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 4-13-44, 19\_\_\_\_, to 4-13-44, 19\_\_\_\_;  
that I last saw h. or alive on 4-13-44, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage from Cad. Sexual hours.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Geckie Marunaga (M. D. or other) M.D.  
Address St. Louis County Hospital Date signed 4/15/44

Duration \_\_\_\_\_  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

WHILE FILING—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*not embalmed*

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**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.....

Licensed Embalmer No.....

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.**