

No. 2
8-43
5-17-39
PI X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29192
Registrar's No. 7817

FILED SEP 20 1944

Registration District No. 318

Primary Registration District No. 1003

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:
CITY Hosp. 48 HOURS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 1242 GOODFELLOW
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EDNA A CARLISLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 213-18-1780

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife Joe 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 23 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis MO.
(City, town, or county) (State or foreign country)

10. Usual occupation COOK

11. Industry or business _____

MOTHER FATHER
12. Name JAMES ARCHIBALD
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name ALICE GIBSON
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

16. (a) Informant Walter C. Archibald

(b) Address 1242 Goodfellow

17. (a) BURIAL (b) Date thereof 9-14-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA

18. (a) Signature of funeral director Cullen - Kelly

(b) Address 4386 LINDELL BLVD

19. (a) SEP 11 1944 (b) J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10
year 1944 hour 9 minute 35 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 _____ Duration _____
General Peritonitis following Ruptured Gastric Ulcer.

Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 3 months of death) 117

Major findings: Of operations _____ Of autopsy _____
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 _____ (a) Means of injury _____
23. Signature Reid Perry (M. D. or other) _____
Address _____ Date signed 9/11/44

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

844

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

Clement M^cNeary

Licensed Embalmer No.

3732

P. O. Address

St. Louis

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.