

Registration District No. **317** Primary Registration District No. **6076**

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

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **Since 12-30-46**
(Specify whether
 In this community **15 years**
years, months or days)

3. (a) PRINT FULL NAME **HARDWICK, Archie L.**
3. (b) If veteran, name war: **World 2**
3. (c) Social Security No. **Unknown**

4. Sex **male 0** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **June 6, 1922**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	24	6	27	hr. min.

9. Birthplace: **Booneville, Arkansas**
(City, town, or county) (State or foreign country)
10. Usual occupation **Salesman**

11. Industry or business
12. Name **Granville Hardwick 9**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Arkansas**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hosp.,**
(b) Address **Jefferson Barracks, Missouri**
17. (a) Removal **(b) Date thereof** **Jan. 9, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Fort Smith, Arkansas**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**
(b) Address **7814 S. Broadway, St. Louis, Mo.**
19. (a) 1-11-47 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Arkansas** (b) County **999**
 (c) City or town **Ft. Smith**
(If outside city or town limits, write "RURAL")
 (d) Street No. **500 N. 4th Street**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No) **2**
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **2,**
 year **1947** hour **2:10** minute **P** M.
21. I hereby certify that I attended the deceased from **December 30, 1946** to **January 2, 1947**
 that I last saw him alive on **January 2, 1947**
 and that death occurred on the date and hour stated above.

Immediate cause of death
RUPTURED DIAPHRAGM
 Duration **UNK.**
 Due to **1220**
 Due to _____

Other conditions: **GASTRO-FLEURAL FISTULA;**
(Include pregnancy within 3 months of death)
EMPHYEMA, LEFT
Major findings: **1-2-47 Thoracostomy, Decortication, Repair of Stomach, Reduction of hernia and (planned) Repair of Diaphragm.**
Of operations: _____ **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) **No**
 (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?

23. Signature **[Signature]** (M. D. or other) **0**
L. E. STILWELL, M.D.
Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **1-6-46**

JAN 28 1947

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

Louis C. Hoffmeister

Licensed Embalmer No.

3871

P. O. Address

7814 S. Broad

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.