

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24512

State File No. ....

FILED JUL 18 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **5854**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3117 A. Brantner Place</b>		e. STREET ADDRESS (If rural, give location) <b>3117 A. Brantner Place</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Fletcher</b> b. (Middle) <b>Archibald</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>July 4. 1950.</b>		
5. SEX <b>Male</b> <b>2</b>	6. COLOR OR RACE <b>Col.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b> <b>1</b>	8. DATE OF BIRTH <b>1900</b> <b>about</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Yazoo City, Miss.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Samuel Archibald</b>	13b. MOTHER'S MAIDEN NAME <b>Fannie ?</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>495-12-4662</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Josie White</b>	ADDRESS <b>3117 A. Brantner Place.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart disease with failure</b>		<b>7 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>443 X</b>

22. I hereby certify that I attended the deceased from **6-28-50**, 19**50**, to **6-30-**, 19**50**, that I last saw the deceased alive on **July 4**, 19**50**, and that death occurred at **6:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>Worrell H. Little, MD</b>	Degree or title	23b. ADDRESS <b>3167 Sheridan Ave.</b>	DATE SIGNED <b>July 5, 50</b> <b>7-5-50</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 10, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 6 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Gasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wright's Funeral Home</b>	ADDRESS <b>3100 Easton Ave.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Arthur L. Hilliard

Signed .....  
Student Embalmer

Licensed Embalmer No. 4221

P. O. Address 4049 St Jackson

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.