

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36138  
9105

State File No. ....

Registrar's No. ....

FILED OCT 21 1952

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		<u>2249</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2727 Utah Street</u>				d. STREET ADDRESS (If rural, give location) <u>2727 Utah Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Archambault</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 29, 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 30, 1890</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Book keeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Alexian Bros. Hosp.</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? _____			13a. FATHER'S NAME <u>Charles H. Archambault</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret L. Blackford</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Archambault</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>494-05-1268</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver L. Steppig</u> ADDRESS <u>3929 Iowa Ave.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u> ANTECEDENT CAUSES <u>Arteriosclerotic Hypertension</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Abnormal conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 Mo</u> <u>3 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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. HOW DID INJURY OCCUR? <u>442x</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>May 1952</u> , to <u>Sept 1952</u> , that I last saw the deceased alive on <u>25</u> , 19 <u>52</u> , and that death occurred at <u>6 P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>B. D. Hester M.D.</u> (Degree or title)				23b. ADDRESS <u>5650 S Compton</u>		23c. DATE SIGNED <u>9/30/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 2, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>OCT 1 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Weick Bros.</u> ADDRESS <u>2201 So. Grand Blvd.</u>				

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

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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ben Hoffman*

Licensed Embalmer No. *4366*

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.