

FILED APR 18 1953

## STANDARD CERTIFICATE OF DEATH

State File No. **15426**  
Registrar's No. **3480**

|  |                               |   |   |  |  |  |               |
|--|-------------------------------|---|---|--|--|--|---------------|
| BIRTH NO. _____  |                               | REG. DIST. NO. <b>318</b>   |   | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>3480</b>  |               |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |                               |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Illinois</b><br>b. COUNTY _____ |  |  |               |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>  |                               | c. LENGTH OF STAY (In this place) _____   |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Mt. Vernon</b>                                       |  | <b>820</b>   |               |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>   |                               |   |   | d. STREET ADDRESS (If rural, give location) <b>407 S. 18th st.</b>   |  |  |               |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>FLORENCE</b><br>b. (Middle) <b>NMN</b><br>c. (Last) <b>ARCHER</b>  |                               |   | 4. DATE OF DEATH<br>(Month) <b>3</b> (Day) <b>29</b> (Year) <b>53</b>   |  |  |  |               |
| 5. SEX <b>Female</b>   | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>   | 8. DATE OF BIRTH <b>11-11-1885</b>                                      | 9. AGE (In years) (last birthday) <b>67</b>  | 10. UNDER 1 YEAR Months _____ Days _____ | 11. UNDER 1 YEAR Hours _____ Minutes _____                               |               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Steelville, Ill.</b>   |  | 12. CITIZEN OF WHICH COUNTRY? <b>USA</b>                                 |               |
| 13a. FATHER'S NAME <b>Alfred T. Levick</b>   |                               | 13b. MOTHER'S MAIDEN NAME <b>Emma Switzer</b>   |   | 14. NAME OF HUSBAND OR WIFE <b>J. D. Archer</b>  |  |  |               |
| 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>none</b>   | 17. INFORMANT'S SIGNATURE OR NAME <b>J. D. Archer, Mt. Vernon, Ill.</b> |  |  |  | ADDRESS _____ |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BRAIN TUMOR - MALIGNANT</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |  |  | INTERVAL BETWEEN ONSET AND DEATH <b>4 mos.</b>                           |               |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |                               |   |   |  |  |  |               |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |   |  |  | 20. AUTOPSY?<br>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. 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>193X</b>  |  |  |               |
| 22. I hereby certify that I attended the deceased from <b>3-26</b> , 19 <b>53</b> , to <b>3-29</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>3-29</b> , 19 <b>53</b> , and that death occurred at <b>9:30 a.m.</b> , from the causes and on the date stated above. |                               |   |   |  |  |  |               |
| 23a. SIGNATURE <b>F. R. Bradley</b> (Degree or title) <b>M.D.</b>  |                               |   |   | 23b. ADDRESS <b>BARNES HOSPITAL</b>  |  | 23c. DATE SIGNED <b>3-29-53</b>  |               |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>   |                               | 24b. DATE <b>3-30-53</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY _____   |  | 24d. LOCATION (City, town, or county) (State) <b>Mt. Vernon, Ill.</b>    |               |
| DATE REC'D BY LOCAL REG. <b>APR 1 1953</b>   |                               | REGISTRAR'S SIGNATURE <b>W. C. Smith MD</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Meyers F.H., Mt. Vernon, Ill.</b>  |  | ADDRESS _____  |               |

(Licensed Embalmers' 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.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Ben H. Jones*

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.