

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2565**
91

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 25 days	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Pac Hosp.		e. STREET ADDRESS (If rural, give location) 4010 Lafayette 2170	
3. NAME OF DECEASED a. (First) Harlan b. (Middle) Alexander c. (Last) Archer		4. DATE OF DEATH (Month) (Day) (Year) 1-3-56	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 19 1883
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Conductor	11. BIRTHPLACE (City and State or Foreign Country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME James Archer	13b. MOTHER'S MAIDEN NAME Sarah Mildred Black
14. NAME OF HUSBAND OR WIFE Ethel Smyser Archer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 702 14 4332
17. INFORMANT'S SIGNATURE OR NAME Ethel Archer		ADDRESS 6826 Wyatt Pl	

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 Several years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema		
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 577.1	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE OR 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 8, 1955**, to **Jan 3, 1956**, that I last saw the deceased alive on **Jan 3, 1956**, and that death occurred at **12:57 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles J. Sullivan, R.D.	23b. ADDRESS Mo. Pac Hosp. Room	23c. DATE SIGNED 1-4-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Jan 6 1956	24c. NAME OF CEMETERY OR CREMATORY SunSet Burial Park
24d. LOCATION (City, town, or county) (State) St. Louis Cty Mo	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E.J. Schnur 3125 Lafayette	

DATE REC'D BY LOCAL REG. **JAN 5 1956** REGISTRAR'S SIGNATURE **Carl Smith MD** (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..

Student.....
Signature of Student Embalmer

Signed.....
Joseph B. Hollman

Licensed Embalmer No. *2014*

P. O. Address *3125 Lafayette*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.