

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010669
STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's 2 2374

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>MISSOALE 4161</u> St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>De Paul Hosp.</u>		Length of stay in lb <u>2 Hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>2141 Edmond Ave.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>CECIL M. ARCHIBALD</u>			4. DATE OF DEATH Month Day Year <u>3 6 59</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>8-25-95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>	11. BIRTHPLACE (City and state or country) <u>Kokomo, Ind.</u>
13a. FATHER'S NAME <u>Thomas Bowen</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cook</u>	14. NAME OF HUSBAND OR WIFE <u>Wilfred Archibald</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Rev. W. L. Biesenthal, Wyandotte, Mich.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u> <u>Coronary Arterio Sclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Diabetes mellitus</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>260X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4-5 hrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <u>1-12-1945</u> to <u>3-6-59</u> and last saw her alive on <u>3-5-59</u> Death occurred at <u>4A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. Hayden M.D.</u>		22b. ADDRESS <u>730 H. Leonard</u>	22c. DATE SIGNED <u>3/7/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3-10-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crown Point, Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kokomo, Ind.</u>
24. FUNERAL DIRECTOR ADDRESS <u>White-Mullen 118 N. Florissant Rd.</u>		25. DATE RECD. BY LOCAL REG. <u>MAR 9 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

vector, laboratory, etc. must use only standard nomenclature in item 10. All diseases in Part I must be causally related.

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 *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

P. O. Address *Berkley 71 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.