

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-038250

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9465 STATE FILE NUMBER

FILED OCT 26 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>3 weeks</u>	c. CITY OR TOWN <u>St. Louis</u> <u>Richmond Heights</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis-Little Rock Hospital, Inc.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>7540 Hoover Ave.</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Maurice Middle - Last Archdeacon 4. DATE OF DEATH Month October Day 12 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 9-24-1871 9. AGE (last birthday) 90

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pensr. Watchman (retired) 10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad Ass'n 11. BIRTHPLACE (City and state or country) Kanturk, County Cork Ireland 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John Archdeacon 13b. MOTHER'S MAIDEN NAME Kate Foley 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None 17. INFORMANT Address Mrs. Harry L. Nagel, 7540 Hoover Avenue

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Congestive Cardiac Failure INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Cardiovascular disease

DUE TO (c) Arricular Fibrillation

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 433.0

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour 10 a.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Sept. 20, 1961 to October 12, 1961 and last saw him alive on October 11, 1961
Death occurred at 8:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS 1755 S. Grand Blvd. 22c. DATE SIGNED 10-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Oct. 14, 1961 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Math Hermann Funeral Home, St. Louis, Mo. ADDRESS 25. DATE RECD. BY LOCAL REG. OCT 13 1961 26. REGISTRAR'S SIGNATURE [Signature]

DATE REVISED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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1981

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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 _____

Signature of Student Embalmer

Signed

Harold G. Burnley

Licensed Embalmer No. 4202

P. O. Address St Louis, Mo.

1981

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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.

18-01-01

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