

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Anna Maude Carleton

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Late William J. Carleton 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 26th 1884
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>4</u>	<u>2</u>	hr. min.

9. Birthplace Indiana
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Worden

13. Birthplace Hamburg Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Unknown

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant William Carleton

(b) Address 4123a Laclede Ave.

17. (a) Burial (b) Date thereof Feb. 2-1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) JAN 30 1941 (b) J. H. Brudeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis 1719
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4123a Laclede Ave. 9
 (If rural, give location)
No Attending Physician
 (e) If foreign born, how long in U.S. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th
 year 1941 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Memorrhage

Due to Arterio-Sclerosis

Due to Jejunum

Due to 83A

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 83A

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) _____ (e) Means of injury 3

23. Signature Walter J. ... (M. D. or other)

Address County Court Date signed 1/29/41

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

MOTHER FATHER

RECEIVED FEB 25 1941 791

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Clarence D. McArthur*.....

Licensed Embalmer No. 3024.....

P. O. Address.....

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.