

FILED MAR 25 1943
318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 2428

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

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: 5015 a n. Kingshighway /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 69 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME ANNA CARSON

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 William Carson

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Aug. 7 1873
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days 4 If less than one day hr. min.

9. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business none

MOTHER FATHER

12. Name Hambecker

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Chester Carson

(b) Address 5015^a W. Kingshighway

17. (a) Burial (b) Date thereof 3-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director John P. Collins

(b) Address 928 N. Grand Blvd.

19. (a) MAR 14 1943 (b) J. F. Bruck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 059

(a) State Mo. (b) County 11

(c) City or town St. Louis 37
(If outside city or town limits, write "RURAL")

(d) Street No. 5015 a N. Kingshighway
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11
year 1943 hour 1:45 pm minute 16 M.

21. I hereby certify that I attended the deceased from 6-16-41
to 3-11 1943

that I last saw h. or alive on 3-11-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterua
C metastasis

Due to 58

Other conditions (include pregnancy within 3 months of death) 58

Duration 1940

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations

Of autopsy

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) (Specify means of injury)

23. Signature James P. ... (M. D. or other)

Address 812 ... Date signed 3-18-43

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.....

Walter G Burnley

.....
Licensed Embalmer No. 4202

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.