

Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 11225

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community, 1 year
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 1247 Arch Terrace
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME IDA E. ANNIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, 2 divorced Widow

6. (b) Name of husband or wife Levi Annis 6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased 11 21 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

76 0 23 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John Sylvester Purcell

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

14. Maiden name Irene King

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

16. (a) Informant Mrs. E. K. Brandenberger

(b) Address 1247 Arch Terrace

17. (a) Burial (b) Date thereof 12-16-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd

19. (a) DEC 16 1943 (b) J. J. Braddock
(Date received local registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14 year 1943 hour 7 minute 0 A. M.

21. I hereby certify that I attended the deceased from May 4 1943 to Dec 14 1943 that I last saw her alive on Dec 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of M. Breast

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

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 _____

23. Signature W. St. Brown (M. D. certifier)
Address 3903 Olive Date signed 12/16/43

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

Dr. Brown.
3903 Olive St.
Jeff. 5600

2-4 P.M.

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 Jos. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.

St Louis MO