

FILED FEB 14 1944
Registration District No. 317

Primary Registration District No. 3063

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

26
2
3

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
8137 Kingsbury Place
(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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Clayton
(If outside city or town limits, write "RURAL")

(d) Street No. 8137 Kingsbury Place
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Scott Crider

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

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

6. (b) Name of husband or wife Ned Crider 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 8, 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation At home

11. Industry or business Housewife

MOTHER FATHER

12. Name William Scott

13. Birthplace Aberdeen, Scotland (City, town, or county) (State or foreign country) H

14. Maiden name Elizabeth Stewart

15. Birthplace Glasgow, Scotland (City, town, or county) (State or foreign country) 4

16. (a) Informant Ned Crider

(b) Address 8137 Kingsbury Place

17. (a) Burial (b) Date thereof 2/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) FEB 9 - 1944 (b) E. G. Mc...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1944 hour 8:20 minute A. M.

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

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Carbon monoxide asphyxia. (Suicide)

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) Suicide

(b) Date of occurrence February 6, 1944

(c) Where did injury occur? 8137 Kingsbury Pl.
(City or town) (County) (State)

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

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

23. Signature A. G. Boyle Dep. Coroner (M. D. or other) _____

Address Kirkwood, Mo. 2-1044 Date signed _____

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.....
.....
Licensed Embalmer No.....
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.