

FILED FEB 1 1946
318

Primary Registration District No. **1003**

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: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(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 Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7270 Sarah Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA AGNES CARR

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 Married
6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Aug. 9, 1880
(Month) (Day) (Year)

8. AGE: 65 Years Months 5 Days 9 If less than one day hr. _____ min.

9. Birthplace Ripley County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Dallas Sidwell

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

14. Maiden name Catherine Madden

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

16. (a) Informant Joe Carr

(b) Address 7268 Manchester Ave. Maplewood, Mo.

17. (a) Burial (b) Date thereof Jan. 21, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) JAN 16 1946 (b) J. F. [Signature]
(Date received local certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1946 hour 4 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 10 1945 to Jan 18 1946
that I last saw her alive on Jan 17 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Carcinoma of Biliary ducts 3 mos.

Due to _____

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

Major findings: Of operations carcinoma of biliary ducts
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 Michael Dulick (M. D. or other)

Address 2319 Brentwood Bld Date signed 1-18-46

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

2371

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.