S. No. 2
I—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 12 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22792

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6333

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: Vahle Manor Nursing Home - 3904 Cater
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis 96
(c) City or town ~~St Louis~~ Clayton 2
(If outside city or town limits, write "RURAL")
(d) Street No. ~~3904 Carter~~ 6341 San Bonita
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) NR
If yes, name country

3. (a) PRINT FULL NAME WORTHAM, Annie Kincaid
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Edward W Wortham
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 15 (Day) 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
77	4	17	12 hr. 15 min.

9. Birthplace Chillicothe (City, town, or county) Mo. (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER
12. Name John Hanford Hyde Kincaid
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lydia Ann Hannah
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Howard G. Skinker
(b) Address 6341 San Bonita Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7/5/47 (Month) (Day) (Year)
(c) Place: burial or cremation Boliver, Mo.
18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Rd. at Concordia Lane
19. (a) JUL 7 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 2 year 1947 hour 12 minute 15 P. M.
21. I hereby certify that I attended the deceased from May, 1947, to July 2, 1947, that I last saw her alive on July 2nd, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral softening	
Due to Arteriosclerosis	
Due to Cerebral Thrombosis, right hemiplegia	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations No operation
Of autopsy No autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Paul K Webb (M. D. ~~Coroner~~) 7/5/47
Address Chemical Bldg. Date signed 7/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Ronald Yabuke

Licensed Embalmer No. 397

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.