FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20768 5777

FILED JUL 3 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one year 5 months since last admitted. Life in City (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. City Infirmary 5800 Arsenal
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CORBY, ANNA
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 8, (Day) 1880 (Year)

8. AGE: Years 68 Months 5 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housework
11. Industry or business
FATHER
12. Name Edward Corby
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Gorman
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant City Infirmary
(b) Address 5800 Arsenal St.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUN 29 48 (Month) (Day) (Year)
(c) Place: burial or cremation CEMETERY
18. (a) Signature of funeral director Cullen J. Kilp
(b) Address 4386 Lindell
19. (a) JUN 28 1948 (Date received local registrar) (b) F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1948 hour 9 A.M. minute M.
21. I hereby certify that I attended the deceased from Jan 1947 to June 26, 1948 that I last saw her alive on June 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to Cerebral vascular episode	
Due to 1943	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of 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
23. Signature Palum Prunyne Bayhush (M. D. or other)
Address City Infirmary Date signed 6/26

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.