DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 470

Registration District No. 791

Primary Registration District No.

Registrar's No. 470

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4245 a W. Evans (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)

FILED FEB 17 1940

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4245 a W. Evans (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Annie Pearl Carr, White

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Will White

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March (Month) 2, (Day) 1914 (Year)

8. AGE: Years 25 Months 10 Days 11 If less than one day hr. min.

9. Birthplace Okolona (City, town, or county) Miss. (State or foreign country)

10. Usual occupation House work

11. Industry or business

FATHER
12. Name Newton Carr
13. Birthplace Mississippi (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella Mae Nash
15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella Mae Carr

(b) Address 4245 a W. Evans

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-40 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney Ave

19. (a) JAN 17 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th year 1940 hour 1 minute 35 A M.

21. I hereby certify that I attended the deceased from 12/26/39, 19 , to Jan 13, 1940 that I last saw her alive on Jan 13, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (The germ) — Duration 14 days

Due to Tuberculosis Pulmonary

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)

(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 J. W. Lyng (M. D. or other)

Address 4330 Easton Date signed 1/15/40

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 1 X19511

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Fountain

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, above space should be left blank.