

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **10737**

1. PLACE OF DEATH:  
 (a) County St. Louis, Mo.  
 (b) City or town \_\_\_\_\_  
 (c) Name of hospital or institution City Sanitarium  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5yrs. 8mo.  
25yrs. (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Anna Scott  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. No

4. Sex Female 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Horace Carbin 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 15, 1863  
 (Month) (Day) (Year)

8. AGE: Years 77 Months \_\_\_\_\_ Days 28 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Alamo Tennessee  
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name John Bladridge

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

14. Maiden name Charlotte McCoy

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

16. (a) Informant John J. Judd

(b) Address 5400 Arsenal

17. (a) \_\_\_\_\_ (b) Date thereof 12-19-40  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director W. R. Risher

(b) Address 3500 Patton

19. (a) DEC 27 1940 (b) J. F. Bladdeck  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis B3  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. City Infirmery  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
 year 1940 hour 9:25 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from 12-6-1935, 19\_\_\_\_, to 12-13-40, 19\_\_\_\_;  
 that I last saw h. her alive on 12-13-40, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1935x

Due to Arteriosclerosis 1935x  
Senility 1935x

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy No.

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) Years of injury \_\_\_\_\_

23. Signature Hubert P. Smith (M. D. or other) \_\_\_\_\_

Address 5400 Arsenal Date signed 12/15/40

WRITE PLAINLY—USE 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.....

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.**