No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 9 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2351

Registration District No. 518 | Primary Registration District No. 1003 | Registrar's No. 759

1. PLACE OF DEATH:

(a) County SS

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

(c) Name of hospital or institution: St. Anthony Hospital. 0
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)

In this community St Louis.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County -- 000

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4145 California (rear) 9
(If rural, give location)

15 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Patricia Carlton

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 ----

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 11 (Day) 48 (Year)

8. AGE: Years | Months | Days 14 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name William Carlton 0
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ethel Hussmann
15. Birthplace St. Louis 0 (City, town, or county) (State or foreign country)

16. (a) Informant William Carlton
(b) Address 4145 California (rear)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26 48 (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus

18. (a) Signature of funeral director M. Schumacher
(b) Address 3013 Meramec

19. (a) JAN 26 1948 (Date received local registrar) (b) J. F. Bresnek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25 year 48 hour 1 50 minute P. M.

21. I hereby certify that I attended the deceased from 1-11-, 1948 to 1-25-, 1948 that I last saw him alive on 1-25-, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia bronchial	12 hr.
Due to —	
Due to —	
Other conditions Premature - 6 mos. (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 0

23. Signature W. F. Keun M.D. (M. D. or other)

Address 5203 Chippewa Date signed 1/25/48

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

Not embalmed

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.....Francis Williamson.....

Licensed Embalmer No.....3565.....

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.