FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 20738

Registrar's No. 3970

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 # 39 Kingsbury Place
(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
(c) City or town St.Louis
(If outside city or town limits, write "RURAL")
(d) Street No. # 39 Kingsbury Place
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

000
179
0
12

3. (a) PRINT FULL NAME Andrew de Smet Carton
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M. 0
5. Color or race W.
6. (a) Single, widowed, married, divorced S. 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb.3rd.,1946 (Month) (Day) (Year)

8. AGE: Years 2 | Months 5 | Days 1 | If less than one day hr. min.

9. Birthplace St.Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name B.Laugdon Carton
13. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)
14. Maiden name Mary Dubuque
15. Birthplace St.Louis (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Mr.B.Laugdon Carton
(b) Address # 39 Kingsbury Place
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) JUL 5 1948 (Date received local registrar) (b) J. B. Bradach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th., year 1948 hour 7 minute 30 p. M.
21. I hereby certify that I attended the deceased from 6-7, 1948 to 7-4, 1948 that I last saw him alive on 7-4, 1948 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Acute Leukemia | 3 wks |
| Due to | |
| Due to | |
| 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
Signature Borden S. Veeder (M. D. ~~or other~~)
Address 3720 Washington St Louis Date signed 7-5-48

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

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Kendall

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.