S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37958

Primary Registration District No. 1005

Registrar's No. 10066

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: Barnes Hospital, O

(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 ONE DAY

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Crawford 999 16

(c) City or town Oblong (If outside city or town limits, write "RURAL")

(d) Street No. 209 North Range Avenue., 2 (If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WILLIAM P CARLTON

3. (b) If veteran, name war Unkown

3. (c) Social Security No. Unknown

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Georgia Carleton

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August (Month) 13 (Day) 1890 (Year)

8. AGE: Years 58 Months 3 Days 6 If less than one day hr. min.

9. Birthplace Oblong (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Postmaster

11. Industry or business Post Office

FATHER 12. Name Charles Carleton

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

MOTHER 14. Maiden name Johanna Hughes

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

16. (a) Informant Mrs. Georgia Carleton

(b) Address Oblong, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/20/48 (Month) (Day) (Year)

(c) Place: burial or cremation Oblong, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.,

19. (a) NOV 30 1948 (Date received local registrar) (b) J. B. Leather (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 19 year 1948 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from November, 1947 to November, 1948; that I last saw him alive on 19 Nov, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial Infarct	5 days
Due to: Arteriosclerotic Heart disease	5 yrs
Due to: Arteriosclerosis general	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Myocardial Infarct with rupture of the heart	

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? O (Specify type of place)

While at work? (e) Means of injury

23. Signature Edward Dressel (M. D. or other)

Address Barnes Hospital, Date signed 11/19

(Licensed Embalmer's Statement on Reverse Side)

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: Gustav W. Dieterle

Licensed Embalmer No. 4329

P. O. Address St. Louis, Mo.

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.