

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42824  
State File No. 11028

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE No. _____ b. COUNTY <b>2121</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) <b>220 N. Kingshighway Blvd.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Park Plaza Hotel -220 North</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Kingshighway</b> (Middle) <b>Dorothy</b> c. (Last) <b>Shapleigh Carton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 12, 1951</b>	
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W. <del>W.</del></b>	8. DATE OF BIRTH <b>Aug. 5, 1887</b>
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>7</b>	IF UNDER 24 HRS. Hours <b>7</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo. 0</b>
12. CITIZENSHIP OF WHAT COUNTRY? <b>U.S.</b>			

13a. FATHER'S NAME <b>Richard Waldron Shapleigh</b>	13b. MOTHER'S MAIDEN NAME <b>Helen Shapleigh</b>	14. NAME OF HUSBAND OR WIFE <b>Leo deSmet Carton</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. B. Langdon Carton, # 39 Kingsbury Blvd.</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 1/2 days</b> <b>2 years</b> <b>5 years</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic myocarditis</b>		
	DUE TO (c) <b>arterio sclerosis, general</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4291</b>

22. I hereby certify that I attended the deceased from **Oct. 8, 1951**, to **Dec. 12, 1951**, that I last saw the deceased alive on **Dec. 12, 1951**, and that death occurred at **9:55 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <b>Wanda Beche D.M.S.</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>12-13-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 15, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>DEC 13 1951</b>	REGISTRAR'S SIGNATURE <b>Paul Smith</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>	ADDRESS <b>3840 Lindell Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 21 1957

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 me

Student Embalmer No. 1

working under my personal supervision.

Student .....  
Student Embalmer

Signed

W. S. Dyer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.