

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registrar's No. **11036**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>	
c. LENGTH OF STAY (in this place) <b>13 da</b>		d. STREET ADDRESS (If rural, give location) <b>338 Par Lane</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital</b>			

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3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) _____ c. (Last) <b>CHARLTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>November 30, 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>Dec. 28, 1909</b>	9. AGE (In years last birthday) <b>42</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>truck-driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Stix-Baer-Fuller</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Richard Charlton</b>	13b. MOTHER'S MAIDEN NAME <b>Kate Grossman</b>	14. NAME OF HUSBAND OR WIFE <b>Loretto O'Brein</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>yes W W #2</b>	16. SOCIAL SECURITY NO. <b>488-03-4390</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Loretto Charlton</b>	ADDRESS <b>338 Par Lane, Kirkwood</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Primary carcinoma of Lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
	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 checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <b>155X</b>
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22. I hereby certify that I attended the deceased from **11/13, 1952**, to **11/30, 1952**, that I last saw the deceased alive on **11/20, 1952**, and that death occurred at **6:40 P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Norman W. Deely MD</b>	23b. ADDRESS <b>607 N. Grand</b>	23c. DATE SIGNED <b>12/1/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-3-52</b>	24c. NAME OF CEMETERY OR CREMATORIA <b>National</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>DEC 1 1952</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Beiderwieden F.H.</b>	ADDRESS <b>1936 St. Louis Avenue</b>
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(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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Max L. Waibel

Licensed Embalmer No. 4170

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.