

30672

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

318

1003

State File No. _____

8303

Registrar No. _____

FILED SEP 29 1955

No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar No. _____				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____								
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				e. STREET ADDRESS (If rural, give location) 4641 Delmar		<i>2126</i>						
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Frederick			c. (Last) Carlton			4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 27, 1906		9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____	IF UNDER 4 HRS. Hours _____	IF UNDER 15 HRS. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Setup Man				10b. KIND OF BUSINESS OR INDUSTRY Sterling Aluminum Co.				11. BIRTHPLACE (City and State or Foreign Country) Madison Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Charley Carlton				13b. MOTHER'S MAIDEN NAME Julia Harter				14. NAME OF HUSBAND OR WIFE Ruth Carlton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 497-10-7454		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Carlton, 4641 Delmar						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH (RECURRENT) WITH METASTASIS TO BRAIN + OMENTUM.								INTERVAL BETWEEN ONSET AND DEATH 7 YRS		
		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"/>		
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) 151X								
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? _____								
22. I hereby certify that I attended the deceased from 6/18 , 19 48 , to 9/18 , 19 55 , that I last saw the deceased alive on 9/18 , 19 55 , and that death occurred at 1:15 p.m. , from the causes and on the date stated above.												
23a. SIGNATURE I. C. Middleman (Degree or title) M.D.				23b. ADDRESS 462 N. TAYLOR AVE.				23c. DATE SIGNED 9/20/55				
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-19-55		24c. NAME OF CEMETERY OR CREMATORY Revelle				24d. LOCATION (City, town, or county) (State) Madison Co., Mo.				
DATE REC'D BY LOCAL REG. SEP 21 1955		REGISTRAR'S SIGNATURE [Signature]				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.						

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1956

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.....
Signature of Student Embalmer

Signed... *Paul A. Wachter*

Licensed Embalmer No. *478*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.