

FILED JUL 3 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21649**

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 233

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

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>City of St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Farmington</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>20Y; 5M; 14d</b>		f. STREET ADDRESS (If rural, give location) <b>5290 Waterman</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hos p No. 4</b>			

3. NAME OF DECEASED (Type or Print) <b>Gertrude Carton (aka Cartun)</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 9 1956</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
8. DATE OF BIRTH <b>abt. 1886</b>		9. AGE (in years last birthday) <b>abt 69</b>		10. IF UNDER 1 YEAR Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Jacob Goldwasser</b>			
13b. MOTHER'S MAIDEN NAME <b>Mary Newusteadter</b>		14. NAME OF HUSBAND OR WIFE <b>Samuel Cartun</b>			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Herma n Goldwasser</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		ADDRESS <b>228 N. Sappington</b>	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Terminal Pneumonia</b>		Interval between ONSET AND DEATH <b>Abt. 3 das.</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Streptococcus Septicemia</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Cellulitis of right leg</b>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (d) <b>Dementia Praecox Psychosis</b>	
Conditions contributing to the death but not related to the disease or condition causing death.		Interval between ONSET AND DEATH <b>Abt. 10 das.</b>	
Interval between ONSET AND DEATH <b>Abt. 12 das.</b>		Interval between ONSET AND DEATH <b>Abt. 40 yrs.</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
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 March 2, 1954, to June 9, 1956, that I last saw the deceased alive on June 9, 1956, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>John C. Brenner, M.D.</b>		23b. ADDRESS <b>State Hospital No. 4, Farmington, Mo.</b>		23c. DATE SIGNED <b>6-22-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>6/9/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>B'Nai Amoona Cam.</b>	
24d. LOCATION (City, town, or county) (State) <b>University City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>St. Louis, Mo.</b>			

DATE REC'D BY LOCAL REG. <b>6-22-56</b>		REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Berger Memorial 4715 McPherson</b>	
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**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.....

*C. Acozian*

Licensed Embalmer No. ....

400

P. O. Address.....

*Jarrington,*

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.