

pt. Health,
c., & Welfare
5. Public
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38643

FILED OCT 21 1957

STATE FILE NUMBER
2501

Registration District No. 317 Primary Registration District No. 590

Registrar's No. 2501

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glendale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY (Glendale) OR TOWN St. Louis 22, Mo. 4651		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 55 Berrywood Dr.		Length of stay in 1b 8 yrs.	d. STREET ADDRESS (If outside, give location) 55 Berrywood Drive		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAN Middle (Taylor) Last Charlton			4. DATE OF DEATH Month 10 Day 9 Year 1957		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-27-49	9. AGE (In years last birthday) 8 yrs.	10. IF UNDER 1 YEAR Months 1 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY CHILD	11. BIRTHPLACE (City and state or country) Bryn Mawr, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Albert H. Charlton		13b. MOTHER'S MAIDEN NAME Virginia Stites		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) NONE		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address St. Louis Children's Hosp. 500 S. Kingshighway		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spinal Cord Tumor (Oligodendroglioma)					INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) _____ DUE TO (c) _____					193X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Transverse Myelitis Cervical Spine - due to infection					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ Month, Day, Year a.m. _____ p.m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/9/57 50/pm to 10/16/1957 and last saw her alive on 10/16/1957 Death occurred at home m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Joseph A. Bauer M.D. (Degree or title)			22b. ADDRESS 101 S. Maramee St. Louis 5 mo.		22c. DATE SIGNED 10/9/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/10/1957	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri
24. FUNERAL DIRECTOR Ambruster Mortuary 6633 Clayton Rd.		ADDRESS	25. DATE RECD. BY LOCAL REG. 10-10-57		26. REGISTRAR'S SIGNATURE Herbert P. Danke MD sec

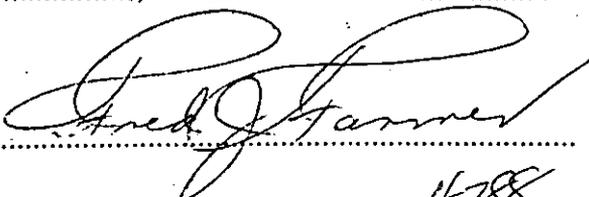
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 

Licensed Embalmer No. 4788

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