

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **45697**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12304**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Miss Mo.</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY OR TOWN <b>Missouri Troy</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>12 days</b>		e. STREET ADDRESS (If rural, give location) <b>Route # 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>24 St. Louis Children's Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Norman</b> b. (Middle) <b>Gerald</b> c. (Last) <b>Carterman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12 19 57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <b>10-21-55</b>	9. AGE (In years last birthday) <b>2 yrs.</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Troy, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Joseph Vester Carterman</b>	13b. MOTHER'S MAIDEN NAME <b>Rebecca Beck</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Luan Lehr</b>	ADDRESS <b>500 S. Kingshighway, St. Louis, Mo.</b>
---	-------------------------------------	--	--

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute lymphocytic leukemia</b>		II. OTHER SIGNIFICANT CONDITIONS <b>204:0</b>		<b>2 mo.</b>
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
		DUE TO (b) _____		
		DUE TO (c) _____		
		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) _____
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? _____

22. I hereby certify that I attended the deceased from **12-9**, 19**57**, to **12-19**, 19**57**, that I last saw the deceased alive on **12-19**, 19**57**, and that death occurred at **1:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Don F. Thurston</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>500 S Kingshighway</b>	23c. DATE SIGNED <b>12-19-57</b>
---	--	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12-23-57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
--	---------------------------	---	--

DATE REC'D BY LOCAL REG. <b>DEC 23 57</b>	REGISTRAR'S SIGNATURE <b>Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>McLAUGHLIN'S</b>	ADDRESS <b>2301 Lafayette</b>
---	---	--	-------------------------------

(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.....  
Signature of Student Embalmer

Signed..... *James R. Chapman*  
Licensed Embalmer No. *4550*  
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.