

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015393

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 95

300  
-57  
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1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b> <i>0923</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Saint Charles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Saint Charles</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph's Hosp. DOA</b>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <b>527 Emmons</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Anton</b> Middle <b>Peter</b> Last <b>Carton</b>			4. DATE OF DEATH Month <b>April</b> Day <b>14</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>May 10, 1900</b>	9. AGE (In years last birthday) <b>57</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>taxi driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Yellow Cab</b>	11. BIRTHPLACE (City and state or country) <b>Saint Charles, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Carton</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine</b>		14. NAME OF HUSBAND OR WIFE <b>Leona Hoecker</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>498-10-8095</b>	17. INFORMANT Address <b>Mrs. Leona Carton, St. Charles, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocardial failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)					INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b> <b>Unknown</b> <b>4200</b>
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 _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT WORK <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		STATE
21. I attended the deceased from <b>October 1956</b> to <b>April 14, 1958</b> last saw him alive on <b>April 14, 1958</b> Death occurred at <b>7:30 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Dr. R. Randall, M.D.</b>			22b. ADDRESS <b>307 N. 5th St. Charles, Mo.</b>		22c. DATE SIGNED <b>April 14, 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<b>Burial</b>	<b>April 17, 1958</b>	<b>Borromeo Cemetery</b>		<b>Saint Charles, Mo.</b>	
24. FUNERAL DIRECTOR <b>H.C. Dalbey &amp; Sons, St. Charles,</b>		25. DATE RECD. BY LOCAL REG. <b>APR. 14-58</b>		26. REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

APR 22 1958

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 *Frank (R) ...*

Licensed Embalmer No. *4830*  
P. O. Address *St. Charles*

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.