

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-045506
STATE FILE NUMBER

FILED JAN 12 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12558

300
-57

| | | | |
|--|---------------------------|---|---|
| 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, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4948 HARNEY | | d. STREET ADDRESS (If outside, give location) 4948 HARNEY | |
| Length of stay in 1b | | 7079 | |
| 3. NAME OF DECEASED (Type or print) First Middle Last LENA CHARLTON | | 4. DATE OF DEATH Month Day Year DEC, 26 1958 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JAN 9 1882 |
| 9. AGE (In years last birthday) 76 yr | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLEANING & DYING | | 10b. KIND OF BUSINESS OR INDUSTRY LAUNDRY WORKER | 11. BIRTHPLACE (City and state or country) GERMANY |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME ? SOOSTMANN | |
| 13b. MOTHER'S MAIDEN NAME UNKNOWN | | 14. NAME OF HUSBAND OR WIFE WILLIAM CHARLTON | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, NO or unknown) (If yes, give service details) | | 16. SOCIAL SECURITY NO. 488-09-9392 | |
| 17. INFORMANT Address JOSEPH GOLDSCHMIDT 4948 HARNEY | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction | | | INTERVAL BETWEEN ONSET AND DEATH 2 hours. |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) J.K. DUE TO (c) Joseph in 2nd hospital 4201 | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 12/29/58 | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 COUNTY STATE | | | |
| 21. I attended the deceased from 12-26-58, to 12-26-58 and last saw her alive on 12/26/58 Death occurred at 12:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Moran G. James M.D. | | 22b. ADDRESS 8321 N. Broadway (15) | |
| 22c. DATE SIGNED 12/27/58 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | 23b. DATE DEC. 29 1958 | 23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY | 23d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI |
| 24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE | | 25. DATE RECD. BY LOCAL REG. DEC 29 '58 | 26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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. 4320

P. O. Address: H. (unclear)

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.