

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-041656**

**FILED VS DEC 11 1959**

**211214**

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>				Length of stay in 1b <b>10 days</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Faith Hospital</b>				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>2621 N. Prairie Ave.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>OSCAR N. CARRILLON</b>				4. DATE OF DEATH Month Day Year <b>December 1, 1959</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>77</b>	
9. AGE (last birthday) <b>10-26-1882</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Butcher</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Butcher</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Jacob Carrillon</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Kroenlein</b>		14. NAME OF HUSBAND OR WIFE <b>Never married</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 Address <b>Miss Elinor Seim, 5336 Gladstone</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>Arteriosclerotic, generalized.</b>				DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH <b>4 years.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (c)		<b>450-0</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m.		Month, Day, Year					
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 <b>Dec. 1955</b> to <b>death</b> and last saw her alive on <b>Dec 1, 1959</b> Death occurred at <b>10:50 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Tom Lawton M.D.</b>				22b. ADDRESS <b>3471 N. Kingshighway</b>		22c. DATE SIGNED <b>12/3/59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12-5-59</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR <b>Stock Mortuary, 2117 E. Grand Bl.</b>				25. DATE RECD. BY LOCAL REG. <b>DEC 3 1959</b>		26. REGISTRAR'S SIGNATURE <b>Coal Smith, M.D.</b> <i>mjs</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

L. LAWTON  
3840 N. W. 116th ST. MIAMI, FL 33187

1-3

**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 Paul A. Washburn

Licensed Embalmer No. 4787

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.