

FILED MAR 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. 9727  
Registrar's No. 52

BIRTH NO. REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b> 0923	
c. LENGTH OF STAY (In this place) <b>50 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>506 Cunningham</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Katherine</b>	b. (Middle) <b>-----</b>	c. (Last) <b>Carton</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 22 1951</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 6, 1870</b>	9. AGE (In years last birthday) (Month) (Day) (Year) <b>80 9 16</b>	IF UNDER 18 REG. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (State or foreign country) <b>Ft. Wayne, Indiana</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Peter Tillman</b>	13b. MOTHER'S MAIDEN NAME <b>Margaret Tempel</b>	14. NAME OF HUSBAND <del>XXXXXXXX</del> <b>dec'd Julius Carton</b> <b>4/20/1912</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No NIL</b>	16. SOCIAL SECURITY NO. <b>NIL</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Anton Carton(son)</b>	ADDRESS <b>St. Charles, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Pancreas</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>  <b>157 X</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None</b>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>		

19a. DATE OF OPERATION <b>Feb. 21, 1951</b>	19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>None</b>
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22. I hereby certify that I attended the deceased from **Feb. 13, 1951**, to **March 22, 1951**, that I last saw the deceased alive on **March 21, 1951**, and that death occurred at **3:10 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. or Z. Randall, D. M. D.</b>	23b. ADDRESS <b>207 N. 5th St. St. Charles, Mo.</b>	23c. DATE SIGNED <b>March 22 1951</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 24-1951</b>	24c. NAME OF CEMETERY <del>XXXXXXXX</del> <b>St. Peter Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3/23/51</b>	REGISTRAR'S SIGNATURE <b>Harvie Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. C. Dallmeyer + Sons Co</b>	ADDRESS <b>800 N. 2nd St. St. Charles, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAR 26 1951

RECEIVED

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 4189

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed.....  
Student Embalmer

Signed Joseph J. Landolt  
Licensed Embalmer No. 4189

P. O. Address St Charles 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 this body is not embalmed, fact should be so stated above.