

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1957

State File No. 34325
9047
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois				b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 10 days		c. CITY OR TOWN E. St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 39 Cardinal Glennon Memorial Hosp				e. STREET ADDRESS (If rural, give location) 32 1744 N. 23rd Street				8728	
3. NAME OF DECEASED (Type or Print) CAROL ANN WILTON			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH September 26 1957			4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)		4. DATE OF DEATH (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant		8. DATE OF BIRTH May 3, 1957		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 14 HRS. 4 23 Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) E. St. Louis, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Lane Wilton, Jr			13b. MOTHER'S MAIDEN NAME Harriet Killene			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lane Wilton, Jr., 1744 N. 23rd, E. St. Louis, Ill				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atrioventricularis communis septal defect 4 + mo DUE TO (c) Congenital cyanotic heart disease 4 + mo. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 4 + mo. 4 + mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Atrioventricular septal defect 754.2						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)		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 9-20, 1957, to 9-26, 1957, that I last saw the deceased alive on 9/26, 1957, and that death occurred at 9:05 p.m., from the causes and on the date stated above.									
23a. SIGNATURE Charles Heaton MD				23b. ADDRESS 1325 So. Grand			23c. DATE SIGNED 9/27/57		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 29, 1957		24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park		24d. LOCATION (City, town, or county) (State) Belleville, Illinois			
DATE REC'D BY LOCAL REG. SEP 27 57		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. St. Louis, Ill				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. C. Rollins Hendon
1325 S. Grand
Prospect 1-760

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 *Ch. Kurran Jr*

Licensed Embalmer No. 3162

P. O. Address *St. Louis*

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.