MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23671
Do not use this space.

1. PLACE [redacted] AUG 12 [redacted]

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6365

(a) County
(b) Township
(c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 81 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Patrick Dalton
(a) Residence, No. 2413 So. 18th St St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown 1857

7. AGE: Years 81; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Car Inspector
9. Industry or business in which work was done, as saw mill, bank, etc.: Car Inspector
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Missouri 0

FATHER
13. NAME: Edward Dalton 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland 5

MOTHER
15. MAIDEN NAME: Mary Goslin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ireland

17. INFORMANT (ADDRESS): W.L. Moore, M.D. 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive Cem. DATE July 18, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Weick Bros. Und. Co 2201 S. Grand Ave.

20. FILED JUL 16 1938 J. H. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19, to 7-15-38, 19
I last saw him alive on 7-15-38, 19 Death is said to have occurred on the date stated above, at 6:55 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-pneumonia	7-13-38
51D	

Other contributory causes of importance:
Arteriosclerotic Heart Disease
Hypertention 7-1-38x
Carcinoma Bladder 7-13-38x primary

Name of operation Supra-Pubic - Date of 7-13-38
What test confirmed diagnosis? Cystotomy Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. L. Moore, M.D., M. D.
(Address) 5400 Arsenal St.

Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, ...

Harry A. Stewart, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.