

REC'D FEB 10 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
791
1003

906

Do not use this space.

906

Registered No. _____

1. PLACE OF DEATH

 (a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City St. Louis, Mo. (d) Street No. City Infirmary. St. _____
 (e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

1635 Julius Dalton.
 (a) Residence, No. 5800 Arsenal St. St. 13 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1862.
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
77 (abt) X X

 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R. R. work
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Tennessee.FATHER 13. NAME Henry Dalton,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.MOTHER 15. MAIDEN NAME Louise (ink)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.17. INFORMANT (ADDRESS) E. Molony.
5800 Arsenal St.18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Jan 30, 193919. FUNERAL DIRECTOR Jas. H. Randle & Son
(ADDRESS) 3133 Bell Ave20. FILED JAN 30 1939 J. F. Brudick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26, 1939
 22. I HEREBY CERTIFY, That I attended deceased from November 9, 1928, to January 26, 1939
 I last saw him alive on January 26, 1939. Death is said to have occurred on the date stated above, at 5:10 m. P.M.

The principal cause of death and related causes of importance were as follows:

 Date of onset
Chronic Myocarditis
Other contributory causes of importance: 9/2/39
 Name of operation None Date of _____
 What test confirmed diagnosis? Hist. & PE Was there an autopsy? No

 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? No
 If so, specify _____ (Signed) George M. Phe., M. D.
(Address) 5660 Arsenal St.

no

STATEMENT BY LICENSED EMBALMER

I, S. J. Watson, Licensed Embalmer No. 2698

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ was not

L. E. Embalmed Pauper

No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision.

Signed S. J. Watson
Licensed Embalmer No. 2698

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.)