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.

REC'D MAR 13 1939

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

3 791 1003

4386
Do not use this space.

1079

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. .....

(c) City or ~~Town~~ St. Louis, (d) Street No. American Refrigerator Transit Co. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 435 Edward Dalton

(a) Residence, No. 2909 Texas Ave. St. 24
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Mary Dalton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	32	4	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Repair-man

9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis Car Foundry

10. Date deceased last worked at this occupation (month and year) Feb 1 - 1939

11. Total time (years) spent in this occupation 5 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cathawissa Missouri

FATHER

13. NAME Edward Dalton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) United States

MOTHER

15. MAIDEN NAME Mary Swayne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mary Dalton 2909 Texas

18. BURIAL, CREMATION, OR REMOVAL
PLACE New SS. Peter & Paul DATE Feb. 4, 1939

19. FUNERAL DIRECTOR (NAME) J. H. Gebken & Co.
(ADDRESS) 2630 Gravois Ave.

20. FILED FEB 2 1939 J. D. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9:50 A. m.

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

	Date of onset
Fractured Skull, laceration & hemorrhage of the Brain, as a result of being struck and pinned under the roof of a boxcar while he was repairing and which collapsed, for the American	

Other contributory causes of importance:
Refrigeration Transit Co., at Main & Barton Streets, about 9:30 A.M., February 1st, 1939.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury 2/1/, 19 39
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
In Industry
Manner of injury See Above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify .....
(Signed) Alfred J. Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

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

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