

No. 2
4-13-40
5-17-39
PI X23150

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33143

Registration District No. 791 J

Primary Registration District No. 1003

Registrar's No. 8097

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution
1221 N. Grand Blvd. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community years, months or days

3. (a) PRINT FULL NAME Teresa Dalton

3. (b) If veteran, name war
3. (c) Social Security No. None

4. Sex Female 5. Color, or race White
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Thomas J. Dalton
6. (c) Age of husband or wife if alive years 1869

7. Birth date of deceased October
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 2
If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Peter Moloney

13. Birthplace Unknown Ireland 4
(State or foreign country)

14. Maiden name Mary Coffey

15. Birthplace Unknown Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas J. Dalton
(b) Address 5705 Floy Ave.

17. (a) Burial (b) Date thereof 10-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
Cullinane Bros.

18. (a) Signature of funeral director
(b) Address 1710 N. Grand Blvd.

19. (a) OCT 10 1941 (b) J J Bradeck
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1911
(d) Street No. 1221 N. Grand Blvd. 10
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1941 hour 4 minute 30 a. m.

21. I hereby certify that I attended the deceased from Jan 1941, to Oct 9 1941
that I last saw him alive on Oct 8th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis with a general interstitial sclerosis
Duration

Due to

Due to

Other conditions Simple Pneumonia
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations
Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J J Bradeck (M. D. or other)
Address 4801 E. Easton Bor Date signed 10/10/41

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

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.....

working under my personal supervision.

....., Registered Apprentice No.

Signed

Fred Frick

Licensed Embalmer No. 3186

P.O. Address St. Louis, 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.