

S. No. 2
-1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36813

DEC 22 1941 791

1003

State File No.

Registrar's No. 9043

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
19
4/6
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4200a Arsenal St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME John Joseph Dalton

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Mollie Dalton 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 20, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 7 23 hr. min.

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

10. Usual occupation Retired R.R. Employee

11. Industry or business.....

MOTHER FATHER { 12. Name Edward Dalton
13. Birthplace Ireland U
(City, town, or county) (State or foreign country)
14. Maiden name Mary Gosslin
15. Birthplace Ireland U
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Irenee Ell

(b) Address - 9022 Kathleen St. Louis Cr.

17. (a) Burial (b) Date thereof Nov. 17, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cemetary

18. (a) Signature of funeral director Weick Bros. Und.Co.

(b) Address 2201 S. Grand Bl.

19. (a) NOV 14 1941 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13
year 1941 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from 11-6-1941 to 4-13-1941
that I last saw him alive on 11-19-1941 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Apoplexy
Due to.....
Due to.....

Other conditions Parkinsonian syndrome
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

Duration
PHYSICIAN
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 H. F. Crow (M. D. or other).....
Address Mrs. Pac. Hospital Date signed 11-13-41

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

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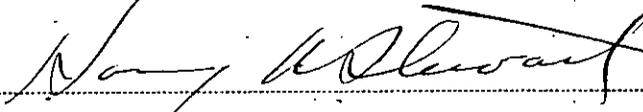
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No..... 3722

P. O. Address..... 412 Duchouquette St.

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.