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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22908**
Registrar's No. **6140**

FILED JUL 17 1943 318

Registration District No. _____ Primary Registration District No. **1003**

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

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:
St. Anthony's Hospital
(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 Mo. (b) County 000
12

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3141 Keokuk Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Richard E. Dalton

3. (b) If veteran, name war World War # 1

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 13th 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>2</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation City Patrolman

11. Industry or business City of St. Louis

MOTHER FATHER { 12. Name Thomas Dalton

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Nell Scully

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Dalton

(b) Address 5218 Nottingham Ave.

17. (a) Burial (b) Date thereof 7-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) J. F. Bredek
(Date received local Registrar's) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th
year 1943 hour 2:45 minute A.M.

21. I hereby certify that I attended the deceased from JUNE 4, 1943, to JULY 4, 1943
that I last saw him alive on JULY 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
CEREBRAL HEMORRHAGE

Due to ARTERIOSCLEROSIS

Due to _____

Other conditions CORONARY SCLEROSIS
(Include pregnancy within 3 months of death)

Duration 36 hrs.

Many Years

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____

Of autopsy _____

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? _____

23. Signature James H. Cunningham (M. D. Mo.)
Address 1444 N. Euclid Date signed 7/6/43

JUL 20 1943

Dr. J. C. Cummings
444 N. Euclid Ave
1-3

Jo: 4981

~~9584 40-267a~~
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 *Richard W. Steverand*

Licensed Embalmer No. *4007*

P. O. Address.....

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.