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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7353**

LED AUG 23 1943
318

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, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4441 McPherson Ave.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4441 McPherson Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Benjamin W. Dalzell
3. (b) If veteran, name war none **3. (c) Social Security** No none
4. Sex Male **5. Color or** White **6. (a) Single, widowed, married,** Single
6. (b) Name of husband or wife _____ **6. (c) Age of husband or wife if** _____
7. Birth date of deceased Oct. 26 1866
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 13, 1943
year _____ hour _____ minute 6 p.m.
21. I hereby certify that I attended the deceased from July 25
_____, 1943 to Aug. 13, 1943.
that I last saw him alive on Aug. 13, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 9 17 hr. _____ min.

Immediate cause of death Cerebral hemorrhage **Duration** 1 week
Due to Arteriosclerotic cardio
vascular disease est. 10 yrs

9. Birthplace Sacramento County Calif
(City, town, or county) (State or foreign country)

Other conditions Diabetes mellitus **Over** 2 yrs
(Include pregnancy within 3 months of death)

10. Usual occupation Retired Insurance

Major findings: Di
Of operations _____
Of autopsy _____ **PHYSICIAN**
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name David Dalzell Scotland?

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

14. Maiden name Marietta Wilson
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wilson Dalzell

(b) Address 26 Green Acres, St. 1. County

17. (a) Burial _____ **(b) Date thereof** 8 17 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) AUG 15 1943 **(b) J. F. Brudick**
(Date received local registrar) (Registrar's signature)

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) (b) Means of injury _____
23. Signature Walter J. Koleske (M. D. or other)
Address: 462 N. Taylor Ave Date signed 8/4/43

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

Neville R. Frohwitter

Licensed Embalmer No. 3696

P. O. Address 3621 Olive 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.