No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7354

FILED FEB 19 1946

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 1205

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3525 Osage St. (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 St Louis 96

(c) City or town Lemay, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. Forder Road (If rural, give location) N.R. 0

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Rev. Thomas F. Dalton

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased March (Month) 13 (Day) 1877 (Year)

8. AGE: Years 68 Months 10 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Priest

11. Industry or business

FATHER
12. Name John Dalton
13. Birthplace St. Louis (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Mc.Cormick
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Angela Johmann,

(b) Address 3525 Osage St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2- 6- 46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) FEB 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3 year 1946 hour 12 minute 15 a M.

21. I hereby certify that I attended the deceased from 1-31-46 ~~2~~, 19, to 2-3, 1946 that I last saw him alive on 2-3, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy Arebol

Due to Arebol hemorrhage

Due to

Other conditions Hypertension (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? (Specify type of place)

While at work? — (e) Means of injury

23. Signature Bernard Ploch (M. D. or other)

Address 3527 Osage, St. Louis 18, Mo. Date signed 2-4-46

(Licensed Embalmer's Statement on Reverse Side)

pr Block

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 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.