S. No. 2
1—12-45
. 5-17-39
P I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25442

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 7216

1. PLACE OF DEATH:
(a) County: St. Louis, Missouri
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2231 Sidney Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 000
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2231 Sidney Street (If rural, give location) 9
23
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Mary A. Dalton
3. (b) If veteran, name war: None
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 Dalton
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: July 7, 1868 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	0	24	hr. min.

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Mark Holloran 4
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ellen Moloney
15. Birthplace: Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant: Miss Rosemary Dalton
(b) Address: 2231 Sidney Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery
18. (a) Signature of funeral director: Southern Funeral Home
(b) Address: 6322 S. Grand Blvd.,
19. (a) OCT 4 1947 (Date received by local registrar) (b) AUG 1 1947 J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st year 1947 hour 11:00 minute A. M.
21. I hereby certify that I attended the deceased from 4-3-44, 19 to 8/1/47, 19; that I last saw h alive on 8/1/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardiovascular disease — Duration
Due to: Arteriosclerosis, generalized
Due to: Unknown
Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations:
Of autopsy:

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: R. O. Mueller, William H. Knight M.D. (M. D. or other)
Address: 504 Mer. Health Bldg. Date signed: 8/2/47

(Licensed Embalmer's Statement on Reverse Side)

Shelf

7216

W. A.
DR. KNIGHT
634 N. GRAND
11 to 1

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 J. Wm Brinkley

Licensed Embalmer No. 3653

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.