FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20781

FILED JUN 21 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5233

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Homer G. Phillips Hospital. 0
(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 001

(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4327 Maffitt Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 11 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Susannah Dalton.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Joseph Dalton

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased April 2, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	2	4	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name George Pierce
13. Birthplace Sedalia, Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Dalton.
(b) Address 4327 Maffitt Ave.

17. (a) Burial (b) Date thereof 6-11-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C. W. Roberts.
(b) Address 1416 N. Taylor Ave.

19. (a) JUN 8 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1948 hour 6 minute 4:45 P. M.

21. I hereby certify that I attended the deceased from April 21, 1948, to June 6, 1948
that I last saw her alive on June 6, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetic Coma	12 hr.
Due to Diabetes Mellitus	1½ mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause of 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 W. H. Mansfield (M. D. or other)
Address 4330 A. Easton D Date signed 6/7/48

Jefferson City Printing Co. JUN 8 1948

(Licensed Embalmer's Statement on Reverse Side)

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

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 Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address [illegible]

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.