

FILED NOV 12 1948

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

318

Primary Registration District No. \_\_\_\_\_

1003

Registrar's No. 9497

## 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:  
5571 Era  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community..... 50 years (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME Ellen Dalton3. (b) If veteran, name war..... Nil 3. (c) Social Security No. Nil4. Sex F 5. Color or race W 6. (a) Single, widow, divorced, married, W6. (b) Name of husband or wife..... Robert E 6. (c) Age of husband or wife if alive..... 67 years7. Birth date of deceased July 22 - 1890  
(Month) (Day) (Year)8. AGE: Years 50 Months 2 Days 26  
If less than one day  
..... hr. .... min.9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business Nil12. Name Patrick Hanley  
13. Birthplace New Orleans  
(City, town, or county) (State or foreign country)14. Maiden name Bridget O'Neill  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Robert Dalton(b) Address 5571 Era Ave  
17. (a) Burial (b) Date thereof 10/22/48  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary(a) Signature of funeral director Ray Mullen(b) Address 5041 Delmar(a) OCT 20 1948 (b) J. B. Laster  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County..... 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL") 9  
5571 Era  
 (d) Street No..... (If rural, give location) 0  
 (e) Citizen of foreign country? Yes (Yes or No)  
 If yes, name country..... Nil

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18  
year 1948 hour..... minute 50 P. M.21. I hereby certify that I attended the deceased from NOVEMBER  
4th 1947 to OCT. 12 1948;  
that I last saw her alive on OCT. 12 1948;  
and that death occurred on the date and hour stated above.Immediate cause of death HEMORRHAGE  
CEREBRAL - RIGHT SIDE BRAIN Duration 5 MIN.Due to HYPERTENSION - MALIGNANT 2 YRS

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)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?

While at work?..... (Specify type of place) (e) Means of injury D23. Signature Barney W. Daniel (M. D. or other) MD  
Address 6510 1/2 FLORISSANT AV. Date signed 10/20/48

**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. Allen Davis Jr.*  
Licensed Embalmer No. *4053*

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.**