

STANDARD CERTIFICATE OF DEATH

11430

State File No.

FILED APR 4 1953

3231

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 2 months	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hanley Hills 4280	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge		d. STREET ADDRESS (If rural, give location) 7433 Haywood 1	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) Aloysious	c. (Last) Dalton	4. DATE OF DEATH (Month) (Day) (Year) March 24, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 15, 1896	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months 2	IF UNDER 24 HRS. Days 9	IF UNDER 10 MIN. Hours
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter	10b. KIND OF BUSINESS OR INDUSTRY Production Engineering	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME Michael Dalton	13b. MOTHER'S MAIDEN NAME Leona Droesch	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #	16. SOCIAL SECURITY NO. 1489-18-0527	17. INFORMANT'S SIGNATURE OR NAME Stanley Dalton	ADDRESS 7433 Haywood
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ← Hemorrhage from lung		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ← Carinoma of epiglottis (metastasis)		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 161X
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22. I hereby certify that I attended the deceased from 6/14, 1952, to 3/24, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>Michael Dalton</i>	(Degree or title)	23b. ADDRESS 5720 Washington St. Louis, Mo.	23c. DATE SIGNED 3/25/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/27/53	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. MAR 26 1953	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	GENERAL DIRECTOR'S SIGNATURE <i>W. A. Smith</i>	ADDRESS 1225 Union
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4032

P. O. Address 3505 Oakdale

St. Louis 20, 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.