

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12794

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 791

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glencoe</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glencoe ?</u> <u>4990</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>LaSalle Institute</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LaSalle Institute</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Brother Lawrence</u> b. (Middle) <u>Sixtus</u> c. (Last) <u>Dalton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 17, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>8</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>		11. BIRTHPLACE (State or foreign country) <u>Chicago Illinois</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>James Dalton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Banigan</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Brother Adrian</u> ADDRESS <u>LaSalle Institute Glencoe Mo.</u>	

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) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>9 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>2</u>
	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 checked="" type="checkbox"/>
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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from March 8, 1953 to March 8, 1953, that I last saw the deceased alive on March 8, 1953, and that death occurred at 7:45 P.M. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. W. [Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Pacific Inv. 3840 Lindell St. St. Louis Mo.</u>	23c. DATE SIGNED <u>3/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 11, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glencoe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Glencoe Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-11-53</u>	REGISTRAR'S SIGNATURE <u>Hubert P. Domb - M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. [Signature]</u> ADDRESS <u>3840 Lindell St. St. Louis Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

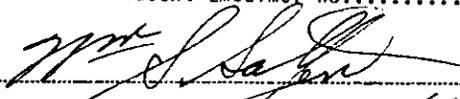
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No.

Signed



Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles, 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.