

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41954

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

Registrar's No. 11319

FILED JAN 6 1956

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) St Louis

c. CITY OR TOWN St Louis

d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION AAA City Hosp No 1

e. STREET ADDRESS (If rural, give location) 211 So 22nd

3. NAME OF DECEASED  
a. (First) Jerry Lynn b. (Middle) \_\_\_\_\_ c. (Last) Dalton

4. DATE OF DEATH (Month) (Day) (Year) Dec 22 1955

5. SEX M 6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child

8. DATE OF BIRTH 16 Jan 1952

9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) \_\_\_\_\_

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Leona Dalton

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, state date of service) \_\_\_\_\_

16. SOCIAL SECURITY NO. MO

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clara Brown 211 So 22nd

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* Multiple Fractures of the Skull  
Laceration of Brain; suffered when deceased was injured in fire in home at 211 So 22nd Street, about 11:00 am., December 22nd  
ANTECEDENT CAUSES \_\_\_\_\_  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. \_\_\_\_\_

INTERNAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION 1955 Accident

20. AUTOPSY? YES  NO

21a. ACCIDENT (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 22 55 11:00

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? car E 916.0

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. ... Deputy (Degree or title)

23b. ADDRESS 1300 Clark

23c. DATE SIGNED 12/27/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 28 Dec 55

24c. NAME OF CEMETERY OR CREMATORY St. Charles

24d. LOCATION (City, town, or county) (State) St Louis MO

DATE REC'D BY LOCAL REG. DEC 27 1955

REGISTRAR'S SIGNATURE J. Carl Smith, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Reliable Funeral Hqs 1221 N. Dayton

M. J. B. (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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Paul V. Freeman*.....

Licensed Embalmer No. *4686*

P. O. Address *4729 Hemis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.