No. 300
10-48

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6342

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 701

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5206 KENSINGTON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO.
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 5206 KENSINGTON 2129

3. NAME OF DECEASED (Type or Print) a. (First) MRS. GIRLUE b. (Middle) c. (Last) DALTON

4. DATE OF DEATH (Month) (Day) (Year) 1 - 18 - 1956

5. SEX FEMALE
6. COLOR OR RACE NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 1-26-1884
9. AGE (In years last birthday) 71 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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) LittleRock, ARK.
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME ANDREW RUSSELL
13b. MOTHER'S MAIDEN NAME SALLIE SADDLE
14. NAME OF HUSBAND OR WIFE WILL DALTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EDW. JONES 5206 KENSINGTON

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterus — INTERVAL BETWEEN ONSET AND DEATH 13 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardio vascular disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 174x
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* 1/18, 1956, *that I last saw the deceased alive on* 1/18, 1956, *and that death occurred at* 9:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE E J Gregg (Degree or title) E J Gregg
23b. ADDRESS 11 N. Jefferson 11 N Jefferson Cr
23c. DATE SIGNED 1/21/56

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 1-21-56
24c. NAME OF CEMETERY OR CREMATORY ELMWOOD
24d. LOCATION (City, town, or county) MEMPHIS (State) TENN.

DATE REC'D BY LOCAL REG. JAN 21 1956
REGISTRAR'S SIGNATURE J. Earl Smith Mp
25. FUNERAL DIRECTOR'S SIGNATURE Bennie Love ADDRESS 3103 Washington

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. CLAUDE GORDON.....

Licensed Embalmer No. 348

P. O. Address 4575 ALD

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa 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.