

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035234

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2857

AMENDED

FILED OCT 16 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) Clayton	a. STATE Mo.	b. COUNTY St. Louis
Length of stay in 1b DAYS		c. CITY OR TOWN Webster Groves	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital		d. STREET ADDRESS 108 W. Lockwood	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First FRED	Middle A.	Last DALTON	Month OCT.	Day 8
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 5-27-1902	9. AGE (last birthday) 59
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accounting		10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't	11. BIRTHPLACE (City and state or country) Madison Co. Ill	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Frederick A. Dalton		13b. MOTHER'S MAIDEN NAME Mary Ann Eiler		14. NAME OF HUSBAND OR WIFE Geo. H. Dalton Omaha Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

17. INFORMANT
Geo. H. Dalton Omaha Nebraska

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Uremia**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Chronic alcoholism, Dehydration, Malnutrition

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour _____
s.m. _____
p.m. _____
Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **OCT. 6, 1961** to **OCT. 8, 1961** and last saw him alive on **OCT. 8, 1961**

Death occurred at **5:00a** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
Albert L. Howe M.D.

22b. ADDRESS
601 S. BRENTWOOD BL. CLAYTON

22c. DATE SIGNED
10/8/61

23a. BURIAL, CREMATION, REMOVAL (Specify)
Cremation

23b. DATE
10-10-1961

23c. NAME OF CEMETERY OR CREMATORY
Valhalla Crematory

23d. LOCATION (City, town, or county)
St. Louis Co. Mo

24. FUNERAL DIRECTOR ADDRESS
Parker-Aldrich Webster Groves Mo.

25. DATE RECD. BY LOCAL REG.
10-10-61

26. REGISTRAR'S SIGNATURE
John B. Murphy M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

St. Louis Co. Mo.

No.

St. Louis Co. Mo.

Funeral Home

Funeral Home

St. Louis Co. Mo.

St. Louis Co. Mo.

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St. Louis Co. Mo.

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Lolie Welch

Licensed Embalmer No. 4395

P. O. Address Wester

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.

St. Louis Co. Mo.

St. Louis Co. Mo.

St. Louis Co. Mo.