

REC'D MAR 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5184
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
 (b) Township Primary Registration District No.
 (c) City of St. Louis (d) Street No. 1421a S. 11th St. St. 11th St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Henry Dalton 435
 (a) Residence, No. 1421a S. 11th Street St. 23
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Husband of Margaret
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R. Watchman
 9. Industry or business in which work was done, as law mill, bank, etc. Unemployed
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME Wm. Dalton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Amanda Rice16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Muriel Dalton
1421a S. 11th St18. PLACE OF BURIAL OR REMOVAL to
Mine La Motte, Mo. DATE Feb. 23, 193819. FUNERAL DIRECTOR (ADDRESS) A. N. McLaughlin
2301 Lafayette Avenue20. FILED FEB 21 1938 J. B. Bredbeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21/38 1938

22. I HEREBY CERTIFY, That I attended deceased from June 25, 1936 to Feb 3, 1938
 I last saw him alive on Feb 3, 1938. Death is said to have occurred on the date stated above, at 1:45 A.M.
 The principal cause of death and related causes of importance were as follows:

1) Lung abscess Rt. caused by
 2) Chronic Bronchitis
 3) Hypo-pneumothorax Rt. non-tubercular caused by Bronchitis

Other contributory causes of importance:

Arteriosclerosis
Chronic medical nutrition

Name of operation none Date of none
 What test confirmed diagnosis? X-rays Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) A. M. Bayl (B. O. Y. D.), M. D.
 (Address) 1703 So. Grand St. St. Louis, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed L. R. Cooper
Licensed Embalmer No. 3633

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.)