

No. 2  
-13-40  
-17-39  
X23159

**MAY 13 1941**

Registration District No. **791**

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 3218 GRAYOIS  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME DANIEL E. DALTON

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife ELIZABETH DALTON 6. (c) Age of husband or wife if alive 1864 years

7. Birth date of deceased OCTOBER (Month) 1864 (Day) (Year)

8. AGE: Years 76 Months 6 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS (City, town, or county) Mo (State or foreign country)

10. Usual occupation RETIRED ASST. CIRCULATION MGR.

11. Industry or business ST. LOUIS POST-DISPATCH

12. Name JAMES DALTON

13. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

14. Maiden name NORA BRESNAHAN

15. Birthplace IRELAND  
(City, town, or county) (State or foreign country)

16. (a) Informant MISS FLORENCE JAY

(b) Address 3517<sup>th</sup> PENNSYLVANIA

17. (a) BURIAL (b) Date thereof 4/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY SEM.

18. (a) Signature of funeral director Phos Katis & Son

(b) Address 2906 GRAYOIS

19. (a) APR 25 1941 (b) J. H. Medvedch  
(Date local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 3218 GRAYOIS  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13 year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from 4/2/40 to 4/13/41 19\_\_\_\_; that I last saw him alive on 4/12/41 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Myocarditis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Heart - mitral, inf. bundle prostatic  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Andrew J. Klem (M. D. or other) M.D.  
Address 4632 So. Grand Date signed 4/14/41

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

MOTHER FATHER

62533

62533

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.....

*Thord Lute*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Thord Lute*

Licensed Embalmer No. *1619*

P. O. Address *2906 Bravo*

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.