

Registration District No. 91

Primary Registration District No. 1003

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:
St. Lukes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days.
In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3942 Mc Pherson Avenue. 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EDWENA L. DALTON.

3. (b) If veteran, name war None 3. (c) Social Security No. 491-12-7990

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased November 27, 1918.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
23 5 29 hr. min.

9. Birthplace Ranger, Texas.
(City, town, or county) (State or foreign country)

10. Usual occupation Packing Clerk.

11. Industry or business United Drug Co.

MOTHER FATHER

12. Name Franklin P. Dalton.

13. Birthplace Carlsbad, New Mexico.
(City, town, or county) (State or foreign country)

14. Maiden name Iva Lea Elliott.

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

16. (a) Informant Mr. Franklin P. Dalton.

(b) Address 3942 Mc Pherson Avenue.

17. (a) Burial (b) Date thereof 4-29-1942.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director GEO. L. Pleitsch Inc.

(b) Address 5966-68 Easton Ave.

19. (a) APR 28 1942 (b) J. F. Bracker
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th.
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 1939 to April 26 1942
that I last saw him alive on April 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Ovary
Abdominal Metastasis Duration 3 yrs

Due to...
Due to...
Other conditions (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Ovary
Of operations: 3 yrs ago
Of autopsy: No 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) no
(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
23. Signature Chas. E. Handman (M. D. or other) MD
Address 3720 Washington Date signed 4/

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

B

Dr. Charles E. Hyndman.
3720 Washington Blvd.
Jefferson 6111.

to 2 to 4

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 3454

David C. Gibson Registered Apprentice No. _____
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 E. 1st St. Mo.

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.