

FILED OCT 25 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8987**

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **De Paul Hosp. 2415 N. Kingshighway**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **17 Days**  
(Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **080**

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

Street No. **4132 St. Louis Ave.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **James A Dalton**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **Male** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mary OConnell Dalton**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **July 13th 1888**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>57</b>	<b>3</b>	<b>3</b>	hr. _____ min. _____

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name **Maurice Dalton**

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

14. Maiden name **Cathrine Burgess**

15. Birthplace **St. Louis Mo**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Dalton**

(b) Address **4132 St. Louis Ave.**

17. (a) **Burial** (b) Date thereof **10-19-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Benjamin P. Horn**

(b) Address **3819 S. Grand Blvd.**

19. (a) **OCT 19 1945** (b) **J. F. Bredeek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **13th** year **1945** hour **4:35** minute **P.M.**

21. I hereby certify that I attended the deceased from **Sept 16 1945** to **Oct 16 1945** that I last saw him alive on **Oct 16 1945** and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism** Duration **19 days**

Due to **Ch. Endocarditis** **Ch. Embolic** **Ch. Valvular Disease** **1 yr**

Due to **Arterio-sclerosis** **2 yr**

Other conditions **Ch. Bronchitis** **1 yr**

Major findings: **92**

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

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

PHYSICIAN \_\_\_\_\_

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 use of force)

(e) Means of injury \_\_\_\_\_

23. Signature **J. F. Bredeek** M. D. or other \_\_\_\_\_

Address **607 No. 1st St.** Date signed **10/17/45**

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

17  
9

**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.....

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

working under my personal supervision.

Signed *Helis J. Krupin*.....

Licensed Embalmer No. 3497.....

P. O. Address 1915 Sidney.....

**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.**