

FILED AUG 29 1946

Registration District No. _____

Primary Registration District No. _____

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

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:
4465a Clarence Ave /
(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 Eva M.A. Alderton
3. (b) If veteran, name war None 3. (c) Social Security No. None

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 October 10, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 9 3 hr. _____ min.

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

10. Usual occupation At home

MOTHER FATHER { 11. Industry or business _____

12. Name James H. Alderton
13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
14. Maiden name Alice Dear
15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel F. Alderton
(b) Address 1513 1/2 West Pico L.A. Calif.

17. (a) Burial (b) Date thereof 7/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) JUL 16 1946 (b) J. H. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4465a Clarence Ave D
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13,
year 1946 hour 7:40 PM minute _____ M.

21. I hereby certify that I attended the deceased from Nov 24 1944 to July 13 1946
that I last saw him alive on July 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cornary Occlusion Duration _____
Due to Chronic Myocarditis

Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations 9/2
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 type of place) _____ of injury.
23. Signature [Signature] (M. D. or other) _____
Address 506 Olive St. Date signed 7-16-46

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 *Raymond F. Hoemann*
Licensed Embalmer No. *4266*
P. O. Address. *St. Louis, 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.