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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6154

FILED MAR 11 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 1909

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. Johns Hospital
(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 Alice Dalton

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife John Dalton

6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased. March 6 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

72	11	15	hr. min.
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9. Birthplace. Kirkwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER {

12. Name Patrick Dwyer

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

14. Maiden name Unknown

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

16. (a) Informant William Dalton

(b) Address 4111a Shreve Ave.

17. (a) Burial (b) Date thereof 2/24/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) FEB 25 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 4963a Lexington Ave.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21
year 1947 hour _____ minute 35 P. M.

21. I hereby certify that I attended the deceased from July 1941 to Feb. 21 1947
and that I last saw her alive on Feb. 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Hypertension, Coronary Arteriosclerosis 10 yrs.

Coronary Arteriosclerosis 2 days

Due to acute myocardial infarction 7 days

Central Thrombosis

Due to _____

Other conditions Stroke of Rt. Hip 7 days

(Include pregnancy within 3 months of death)

Major findings: _____

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): Stroke Rt. Hip Feb 13 1947

(b) Date of occurrence _____

(c) Where did injury occur: 4963a Lexington - St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home street in place
(Specify type of place) _____

While at work? _____ (e) Means of injury after Central Thrombosis

23. Signature B. H. Lindeman (M. D. or other) MD

Address 4126 Shreve Ave Date signed 2/23/47

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

6067

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.....

Bern Hoffman

Licensed Embalmer No.....

4366

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.