

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22154

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 5965

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:
4016 Cottage
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4016 Cottage
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Julia V. Dalton
3. (b) If veteran, name war _____
3. (c) Social Security No. 489-01-0789

4. Sex Female 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 Nov. 25th 1890
(Month) (Day) (Year)

8. AGE: Years 56 Months 7 Days 23 hr. _____ min. _____
If less than one day

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

10. Usual occupation Clerk United Drug Co.

11. Industry or business _____

MOTHER FATHER

12. Name Maurice Dalton
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Burgess
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary Dalton
(b) Address 4016 Cottage

17. (a) Burial (b) Date thereof 6-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)
Calvary Cem.

(c) Place: burial or cremation Wingbermuehle Funeral Home
18. (a) Signature of funeral director _____
(b) Address 3819 S. Grand Blvd.

19. (a) JUN 10 1947 (b) J. F. Bedesch
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th day 18th
year 1947 hour 9/30 P.M. M. _____
21. I hereby certify that I attended the deceased from Med 1st
1946 to June 18 1947
that I last saw her alive on June 17th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus Duration 18 mos

Due to _____
Due to H8
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Carcinoma uterus
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) 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury 0
23. Signature J. Gallagher (M. D. or other) _____
Address 3903 Olive Date signed 6/19/47

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

3903
1-5
O'Brien

1

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: *John S. Penney*
Licensed Embalmer No. *4194*
P. O. Address.....

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.