No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39564

Registrar's No. 10313

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: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7037 Marquette Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Dalton, Edward James
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Ellen Dalton
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased June 8th., 1877 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Terminal R.R.
11. Industry or business
FATHER
12. Name Edward Dalton
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Goslin
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Ellen Dalton
(b) Address 7037 Marquette Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) NOV 8-1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 6 year 1947 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Oct. 23, 1947, to Nov. 6, 1947 that I last saw him alive on Nov. 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	
Due to: Pulmonary Edema	
Due to: Hypertensive C-V-R Disease	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Hypertrophied Prostate
Of autopsy: Hypertrophied Heart

PHYSICIAN — Underline the cause of 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? (Specify type of place)
(e) While at work? (e) Means of injury
23. Signature Vincent A. Sherrod (M. D.)
Address Mo. Pac. Hosp. Date signed 11/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.