FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39711

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04529

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS,
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NORMANDY MO.
c. LENGTH OF STAY (In this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): O'SULLIVAN NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS,
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS,
d. STREET ADDRESS (If rural, give location): 5227 LOUGHBOROUGH AVE

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): J.
c. (Last): DALTON

4. DATE OF DEATH (Month) (Day) (Year): 11/26/49

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 1/2/1874
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): ST. LOUIS, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LAURENCE DALTON
13b. MOTHER'S MAIDEN NAME: MARGARET HYLAND
14. NAME OF HUSBAND OR WIFE: SINGLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: # NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: JAMES W. DALTON 4242 a PECK ST.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left cerebral apoplexy
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chr. hypertensive arteriosis
DUE TO (c): sclerotic cardio vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 443 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* July 18, 1944 *to* Nov 27, 1949, *that I last saw the deceased alive on* Nov 25, 1949, *and that death occurred at* 11.10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Albert J McGahan
23b. ADDRESS: 2739 No Grand
23c. DATE SIGNED: 11-28-49

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/29/49
24c. NAME OF CEMETERY OR CREMATORY: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): ST. LOUIS, MISSOURI

DATE REC'D BY LOCAL REG.: 11-28-49
REGISTRAR'S SIGNATURE: Herbert B. Wonke MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Z. STROOT - CARROLL 4600 NATURAL BRIDGE

(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.....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed J. Allen Davi

Licensed Embalmer No. 4053

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp
the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.