V.S. No. 300
Rev. 10.48

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2411

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 70

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MARIAN Hos. - 13th & Utah St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 9.7.21
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
d. STREET ADDRESS (If rural, give location): 1213A S. 13th ST.

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

4. DATE OF DEATH (Month) (Day) (Year): JAN - 2 - 1950

5. SEX: FE
6. COLOR OR RACE: W.
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): M.
8. DATE OF BIRTH: NOV. 30 - 1912
9. AGE (In years last birthday): 37 YRS
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): HOUSEKEEPER
10b. KIND OF BUSINESS OR INDUSTRY: OWN
11. BIRTHPLACE (State or foreign country): PACIFIC Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: BENJAMIN MEYER
13b. MOTHER'S MAIDEN NAME: BESSIE DICKONS
14. NAME OF HUSBAND OR WIFE: PAUL DALTON.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mr Paul Dalton 1213 S. 13th 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): Tubo - Ovarian Abscess — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

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

19a. DATE OF OPERATION
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

62HX

22. I hereby certify that I attended the deceased from Nov 25, 1949, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 1050P m., from the causes and on the date stated above.

23a. SIGNATURE: H. J. Moore (Degree or title) MD
23b. ADDRESS: 917-5018
23c. DATE SIGNED: 1-3-50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
24b. DATE: JAN-5-1950
24c. NAME OF CEMETERY OR CREMATORY: ST. MATTHEWS Cem.
24d. LOCATION (City, town, or county) (State): St Louis Mo

DATE REC'D BY LOCAL REG.: JAN 5 1950
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: E. J. Schnur 3125 Lafayette Av

(Licensed Embalmer's Statement on Reverse Side)

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

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 Jos B Wollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Fulaughton

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.