

FILED JUL 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24461

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6294**

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS,**  
 c. LENGTH OF STAY (In this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **4242 a PECK ST.**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **MISSOURI**  
 b. COUNTY \_\_\_\_\_  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. LOUIS,** **2109**  
 d. STREET ADDRESS (If rural, give location) **4242 a PECK ST.** **0**

**3. NAME OF DECEASED**  
 a. (First) **JAMES**  
 b. (Middle) **W.**  
 c. (Last) **DALTON SR.**  
**4. DATE OF DEATH** (Month) (Day) (Year) **July 12, 1951**

**5. SEX** **MALE** **6. COLOR OR RACE** **WHITE**  
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **MARRIED**  
**8. DATE OF BIRTH** **2/14/1879**  
**9. AGE** (In years last birthday) **72** 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) **RETIRED LETTER CARRIER**  
**10b. KIND OF BUSINESS OR INDUSTRY** **U.S.A.**  
**11. BIRTHPLACE** (State or foreign country) **ST. LOUIS, MO.**  
**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** **MARY TERESA DALTON**

**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** **MARY TERESA DALTON** **ADDRESS** **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, asthma, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) **Chor Arterio-sclerotic cardio.**  
**ANTECEDENT CAUSES** **vascular disease**  
**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. \_\_\_\_\_

**INTERVAL BETWEEN ONSET AND DEATH**  
**6 mo +**

**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) \_\_\_\_\_  
**21e. INJURY OCCURRED WHILE AT WORK**  NOT WHILE AT WORK   
**21f. HOW DID INJURY OCCUR?** **H221**

**22. I hereby certify that I attended the deceased from** **July 9, 1951**, to **July 12, 1951**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title) **Albert J. Matz**  
**23b. ADDRESS** **2739 No Grand**  
**23c. DATE SIGNED** **7-13-51**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) **BURIAL**  
**24b. DATE** **7/16/51**  
**24c. NAME OF CEMETERY OR CREMATORY** **CALVARY CEMETERY**  
**24d. LOCATION** (City, town, or county) (State) **ST. LOUIS, MISSOURI**

**DATE REC'D BY LOCAL REG.** **JUL 14 1951**  
**REGISTRAR'S SIGNATURE** **J. B. Lasater**  
**25. FUNERAL DIRECTOR'S SIGNATURE** **STROOT - CARROLL** **ADDRESS** **1600 NATURAL BRIDGE AVE**

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

*Rune*

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Ben Hoffmann*

Signed.....  
Student Embalmer

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.