

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14172**
Registrar's No. **1797**

FILED APR 16 1952

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BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fenton	
c. LENGTH OF STAY (In this place) 4 Weeks		4770	
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarinate Word Hospital		d. STREET ADDRESS (If rural, give location) Main Street	

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Mary c. (Last) Dalton			4. DATE OF DEATH (Month) (Day) (Year) Feb 25 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 10 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 6 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME William Lee	13b. MOTHER'S MAIDEN NAME Mary Geatley	14. NAME OF HUSBAND OR WIFE Martin Dalton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Richard Dalton	ADDRESS Fenton Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 1/2 Hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) labor Pneumonia		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 490x
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22. I hereby certify that I attended the deceased from **Aug 1952**, to **Feb 24, 1952**, that I last saw the deceased alive on **2/24, 1952**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE MICHAEL PRBE (Degree or title)	23b. ADDRESS 2816 Fenton	23c. DATE SIGNED 2/25/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-28-52	24c. NAME OF CEMETERY OR CREMATORY St Paul's Cemetery	24d. LOCATION (City, town, or county) (State) Fenton St. Louis County Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 25 1952 J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger	ADDRESS Fenton Mo.
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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

William H. Fitzgibbon

Licensed Embalmer No. *1314*

P. O. Address *Waukegan, Ill.*

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.