

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **25565**

FILED AUG 1 - 1956

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 500		Registrar's No. 1729	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILL. b. COUNTY ST. CLAIR			
b. CITY (If outside corporate limits, write RURAL and give township) Velda Village		c. LENGTH OF STAY (In this place) 1WK		c. CITY (If outside corporate limits, write RURAL and give township) EAST ST. LOUIS 8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6825 ST. CHARLES ROCK ROAD				d. STREET ADDRESS (If rural, give location) 1110 N. 79 ST			
3. NAME OF DECEASED (Type or Print) a. (First) EMMA			b. (Middle) DALTON			c. (Last) DALTON	
4. DATE OF DEATH (Month) (Day) (Year) JULY 16 1956		5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH AUG 16 1877		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (City and State or Foreign Country) PRAIRIE DU ROCHER ILL.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME ALEX HARRIS		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE Deceased	
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 (Print full name and address) Mrs Frank Dalton 1110 N. 79 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Arteriosclerotic-Hyperten- sive Heart - w. Lead Decompensation 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. Dropsy				INTERVAL BETWEEN ONSET AND DEATH 4-5 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200 H47X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from June 30, 1956 to July 10, 1956 , that I last saw the deceased alive on July 10, 1956 , and that death occurred at 3 a. m. , from the causes and on the date stated above.							
23a. SIGNATURE Mrs. Adele Schenfeld		(Degree or title) M. A.		23b. ADDRESS 3909 Waverly E. St. St. Louis Mo.		23c. DATE SIGNED 7.16.56	
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE July 19, 1956		24c. NAME OF CEMETERY OR CROQUATORY VALHALLA		24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO.	
DATE REC'D BY LOCAL REG. 7-17-56		REGISTRAR'S SIGNATURE Herbert R. Dombrowski		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walt Walsh Barnes East St. Louis			

WRITE PLAINLY—USING UNFADEING 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

Philip Ogden

Licensed Embalmer No. *7091*

P. O. Address _____

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.