NO. 300
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FILED MAR 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6829
State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY ST LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CLAYTON
c. LENGTH OF STAY (In this place) 10 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST LOUIS CO HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO
b. COUNTY ST LOUIS
c. CITY OR TOWN ST JOHN 63101
d. Is Residence within limits of a city or incorporated town? Yes ✓ No
e. STREET ADDRESS (If rural, give location) 2916 RIDGEWAY

3. NAME OF DECEASED (Type or Print)
a. (First) Levi
b. (Middle)
c. (Last) Dalton

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13 57

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-23-1895
9. AGE (In years last birthday) 61
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) SECTION HAND
10b. KIND OF BUSINESS OR INDUSTRY TERMINAL R.R
11. BIRTHPLACE (City and State or Foreign Country) GREENSBURG IND
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME GEORGE DALTON
13b. MOTHER'S MAIDEN NAME SUSAN F BLOYD
14. NAME OF HUSBAND OR WIFE ESTHER DALTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 496-28-6002
17. INFORMANT'S SIGNATURE OR NAME LEVI H DALTON **ADDRESS** 9649 HOLTWOOD

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) Pulmonary Embolii - Multiple — INTERVAL BETWEEN ONSET AND DEATH 7 hrs.

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

DUE TO (c)

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 Cerebral Malacia 4200
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?

22. *I hereby certify that I attended the deceased from* 2-13-, 1957, *to* 2-13-, 1957, *that I last saw the deceased alive on* 2-13, 1957, *and that death occurred at* 10:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul L. Hazelton MD (Degree or title)
23b. ADDRESS 601 S. Brentwood
23c. DATE SIGNED 2/19/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 2-16-57
24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES
24d. LOCATION (City, town, or county) ST LOUIS CO (State) MO

DATE REC'D BY LOCAL REG. 2-15-57
REGISTRAR'S SIGNATURE Herbert A. Demlein
25. FUNERAL DIRECTOR'S SIGNATURE EARL HILLEMAN **ADDRESS** OVERLAND MO

(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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Earl F. Hillerman.....

Licensed Embalmer No. 3501.....

Freeland MO

P. O. Address.....

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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