

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-003284

FILED VS FEB 11 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **2 520** STATE FILE NUMBER **22**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>Over 2 yrs</b>	c. CITY OR TOWN <b>Overland</b> <del>St. Louis County</del>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Louis State</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3308 Woodson Road</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Arthur Dalton</b>			4. DATE OF DEATH Month Day Year <b>January 14, 1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/27/1900</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Memphis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Dalton</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Bloyd</b>		14. NAME OF HUSBAND OR WIFE <b>Violet</b>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>489 05 0190H</b>	17. INFORMANT <b>Violet Dalton</b>	Address <b>3308 Woodson Rd.</b>
---	--	---------------------------------------	------------------------------------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Broncho-pneumonia</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arteriosclerotic heart disease</b>	
	DUE TO (c) <b>420-0</b>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Huntington's Chorea Psychotic reaction</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
--	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **July 8, 1957** to **Jan. 14, 1960** and last saw <sup>her</sup>him alive on **Jan. 14, 1960**  
Death occurred at **7:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>A. J. Heuser M.D.</b>	22b. ADDRESS <b>5100 Arsenal St.</b>	22c. DATE SIGNED <b>1/15/60</b>
--	---	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <b>1-18-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Free Free Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Maryland Heights Mo.</b>
---	-----------------------------	---	--

24. FUNERAL DIRECTOR <b>Carl Seltman</b>	ADDRESS <b>McLaud</b>	25. DATE RECD. BY LOCAL REG. <b>JAN 15 1960</b>	26. REGISTRAR'S SIGNATURE <b>Keal Smith M.D.</b>
---	--------------------------	--	---

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INDEXED

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_ or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 3501

P. O. Address William

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.