

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007103

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 559

AMENDED

FILED VS MAR 7 1961

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| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Richmond Heights</u>           |  | c. CITY OR TOWN <u>St. Louis</u>   |  |
| Length of stay in 1b<br><u>27 days</u>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>St. Mary's Hosp.</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>5744 Neosho</u>  |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |

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| 3. NAME OF DECEASED (Type or print)<br>First <u>Arthur</u> Middle <u>C.</u> Last <u>Dalton</u> |  |  | 4. DATE OF DEATH<br>Month <u>2</u> Day <u>24</u> Year <u>61</u> |  |  |
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|-----------------------|----------------------------------|---|------------------------------------|-------------------------------------|--|--|
| 5. SEX<br><u>Male</u> | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/30/86</u> | 9. AGE (last birthday)<br><u>74</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Guard</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Gaurantee Service</u> | 11. BIRTHPLACE (City and state or country)<br><u>St. Louis, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u> |
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| 13a. FATHER'S NAME<br><u>Unknown Dalton</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Unknown Bischoff</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Rose</u> |
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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)<br><u>No</u> | 16. SOCIAL SECURITY NO _____ | 17. INFORMANT<br><u>Rose Dalton--5744 Neosho</u> | Address _____ |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinomatosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 Mo.</u><br><u>1 1/2 yrs.</u>  |
| DUE TO (b) <u>Carcinomata of Stomach</u>  |  |  |
| DUE TO (c) _____  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                     |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED?<br>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.) |
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| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____ | Month, Day, Year _____ |
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| 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<br>COUNTY _____ STATE _____ |
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| 21. I attended the deceased from <u>Sept 1960</u> to <u>Feb 1961</u> and last saw <sup>her</sup> him alive on <u>24 Feb 61</u><br>Death occurred at <u>11:30p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE (Degree or title)<br><u>Arch M. Abram, MD</u> | 22b. ADDRESS<br><u>3915 Watson Road</u> | 22c. DATE SIGNED<br><u>27 Feb 61</u> |
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|  |                             |   |   |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 23b. DATE<br><u>2/28/61</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Sunset Burial Park</u> | 23d. LOCATION (City, town, or county) (State)<br><u>St. Louis Co., Missouri</u> |
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| 24. FUNERAL DIRECTOR<br><u>WACKER-HELDERLE</u> | ADDRESS<br><u>3634 Gravois</u> | 25. DATE RECD. BY LOCAL REG.<br><u>2-27-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>John M. Murphy</u> |
|--|--------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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

Signed Lawrence M. Butts

Licensed Embalmer No. 4375

P. O. Address St. Louis 23, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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