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FILED JUL 8 1944
Registration District No. 81944

Primary Registration District No. 6076

Registrar's No. 1421

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. June 15, 1944
(Specify whether
In this community unknown.
years, months or days)

3. (a) PRINT FULL NAME DALTON, Albert E.
3. (b) If veteran, name war World War #1
3. (c) Social Security No. 499-01-4520

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Mamie Dalton
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 11, 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 1 18 hr. min.

9. Birthplace Flat River, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Inspector.

11. Industry or business -

MOTHER FATHER
12. Name William Dalton
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Belle Johnson
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schilling
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.
17. (a) Burial (b) Date thereof 7-1-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, Jefferson Barracks, Mo.
18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
7814 South Broadway, St. Louis, Mo.
(b) Address

19. (a) JUL 1-1944 (b) E. G. McDevran, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3651 Russell Blvd., 9
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th,
year 1944 hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from
June 15, 19 44 to June 29, 19 44
that I last saw him alive on June 29, 19 44
and that death occurred on the date and hour stated above.

Immediate cause of death:
TUBERCULOSIS, PULMONARY, CHRONIC,
FAR ADVANCED, ACTIVE. Duration Abt. 8 yrs

Due to -
Due to -
Other conditions None.
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations No operation.
Of autopsy No autopsies.
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Jefferson Barracks, Mo.
While at work? Yes (Specify type of place)
Signature L. M. COCHRAN, LT. COL. M. C. (M. D. or other)
Address CHIEF MEDICAL OFFICER Date signed 6/29/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 10 1938

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

....., Registered Apprentice No.
working under my personal supervision.

Signed Harry J. Schumack
Licensed Embalmer No. 2679

P. O. Address 732 Fernway

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.