

JUL 18 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26860  
Do not use this space.

AUG 3 1939

1. PLACE OF DEATH

(a) County ST. LOUIS Registration District No. 784B  
(b) Township ST. FERDINAND Primary Registration District No. 20 Registered No. 1295  
(c) City ROBERTSON (d) Street No. HIGHWAY 66 AT AIRPORT St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Grant Dryden St.  Warrenton, Mo.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(If divorced, write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
63

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren County, Mo.

13. NAME Charles Dryden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Sarah Welsh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Jackson Prentis  
Warrenton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrenton, Mo. Date 7-19-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Prentiss & Son  
Warrenton, Mo.

20. FILED JUL 18 1939 NR Miss M. D. R. N.  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4A m.

The principal cause of death and related causes of importance were as follows:  
Date of onset

Automobile accident.  
Struck by a "hit & run" auto-  
mobile while a pedestrian on a  
pub; in highway. 7/16/39

Other contributory causes of importance:  
Fractured skull. 2/0 m  
Multiple fracture of the ribs on  
both sides. 7/16/39  
and fracture left leg. Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide accident Date of injury 7/16/39

Where did injury occur? Robertson, Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury Public Place  
struck by auto  
Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) John C. Howell M. D.  
Coroner of St. Louis County, Mo.  
(Address) \_\_\_\_\_

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH OBTAINING MR.—THIS IS 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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Oscar Z Muller

Licensed Embalmer No. 3034

P. O. Address Overland 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 this body is not embalmed, above space should be left blank.**