No. 2
4-13-40
5-17-39
I-X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23545

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5990

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution DE PAUL HOSP. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 dry's (Specify whether years, months or days)
In this community 645

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County ST. LOUIS
(c) City or town FERGUSON NR. O (If outside city or town limits, write "RURAL")
(d) Street No. 16-N- DADE, AVE. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ROBERT C. DREILING
3. (b) If veteran, name war ✓
3. (c) Social Security No. 500-18-5389
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased AUG. (Month) 20 (Day) 1919 (Year)
8. AGE: Years 20 Months 10 Days 26 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation LAUNDRY WORKER
11. Industry or business DREILING LAUNDRY
MOTHER FATHER
12. Name AUG. C. DREILING
13. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
14. Maiden name JEANETTE FLYNN
15. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
16. (a) Informant AUG. C. DREILING
(b) Address 16-N-DADE AVE. FERGUSON MO.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY, CEM.
18. (a) Signature of funeral director Baumann Bros.
(b) Address 2504 Wordsw. Overland Mo.
19. (a) JUL 17 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1940 hour 12:37 minute A. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h. alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Compound Fracture of the Leg Compression of the Brain Subdural Hemorrhage of the Brain

Due to

Duration

Other conditions (Include pregnancy within 3 months of death) Coach driven by one Cecil Walters

Major findings of operation Struck while at No. Florissant and Geyer Road and Struck Fire

Underline the cause to which death should be charged statistically.

22. Death was due to the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence 7/13/40
(c) Where did injury occur? St. Louis City (City or town) (County) (State)
(d) Did injury occur in home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury
23. Signature Joseph M. Quinn (M. D. or other) Deputy Coroner
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 L. Mueller

Licensed Embalmer No. 3039

P. O. Address 2504 Woodson Overland

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

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