

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13134
State File No.
Registrar's No. 3564

MAY 13 1941

Registration District No. 791

Primary Registration District No. 1003

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:
Jefferson and Chouteau Aves.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME **William A. Dalton**

3. (b) If veteran, name war **no** 3. (c) Social Security No.

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 **June 12, 1904**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 10 11 hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

12. Name **John J. Dalton**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Mollie Byrnes**

15. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Irene Ell**

(b) Address **9002 Kathleen Ave.**

17. (a) **Burial** (b) Date thereof **4/26/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Olive Cemetery**

18. (a) Signature of funeral director **Weick Bros. Und. Co.**

(b) Address **2201 S. Gr. and Bl.**

19. (a) **APR 25 1941** (b) **J. H. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **1716**
(If outside city or town limits, write "RURAL")
(d) Street No. **4200a Arsenal St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23rd**
year **1941** hour **1:20** minute **P.** M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw h alive on
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage due to a crushed skull when the rear wheel of a truck driven by one Theodore B. Allen, Col., run over his head, about 1:10 o'clock P.M.**
Due to **April 23, 1941**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

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) **Accident**
(b) Date of occurrence **April 23, 1941**
(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Public Place
(Specify type of place)
(e) Means of injury

23. Signature **J. H. Brudick** (M. D. or other)
Address **2201 S. Gr. and Bl.** Date signed **4/25/41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.....

Licensed Embalmer No. **8722**

P. O. Address **412 Duchouquette St.**

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.