

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13134

State File No.

MAY 13 1941

Registration District No.

Primary Registration District No.

Registrar's No.

3564

## 1. PLACE OF DEATH: 790

(a) County: St. Louis  
 (b) City or town: St. Louis  
 (c) Name of hospital or institution: Jefferson and Chouteau Aves.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (d) Length of stay: In hospital or institution. (Specify whether  
 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: 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) (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. 6  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country: 0

## 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

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

Duration  
Immediate cause of death: Hemorrhage due to a  
crushed skull when the rear wheel  
of a truck driven by one Theodore  
Due to: B. Allen, Col., run over his head,  
about 1:10 o'clock P.M.  
Due to: April 23, 1941Other conditions  
(Include pregnancy within 8 months of death)Major findings:  
Of operations: 21

Of autopsy: 21

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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 06  
 (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: 3  
 While at work

23. Signature: J. H. Bredick (M. D. or other)  
Address: 2201 S. Gr and Bl. Date signed: APR 25 1941

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#### 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. 3722

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.