. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1945

Registration District No. 310

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3058

State File No. 10510

Registrar's No. 42

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether In this community years, months or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92

(c) City or town ~~St. Charles~~ St. Peters (If outside city or town limits, write "RURAL")

(d) Street No. ~~St. Joseph Hospital~~ rural, 1 m west of St. Peters (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Dorlaque

3. (b) If veteran, name war NO

3. (c) Social Security No. 707-09-5154

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 May 20 (Month) 1907 (Day) (Year)

8. AGE: Years 37 Months 8 Days 22 If less than one day hr. min.

9. Birthplace St. Charles Co. (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business R.R.

FATHER
12. Name Frank Dorlaque
13. Birthplace St. Charles Co. MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Conoyer
15. Birthplace St. Charles Co. MO (City, town, or county) (State or foreign country)

16. (a) Informant Jos. Conoyer

(b) Address St. Peters, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-15-45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, Mo.

18. (a) Signature of funeral director Geo Stiefvater

(b) Address Geo. Stiefvater St. Peters, Mo.

19. (a) 2/14/45 (Date received local registrar) (b) Ernst E. Paule (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 11 year 1945 hour 11 minute 15 P 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.

	Duration
Immediate cause of death: Coroners Inquest	
Due to Walking on highway hit b by car,	
Due to Unavoidable accident	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations

Of autopsy no

PHYSICIAN — Underline the cause to which death should be charged statistically.

1700-8 21

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Feb, 11, 1945

(c) Where did injury occur? St Peters, Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On Highway 40 (Specify type of place)

While at work? No (e) Means of injury

23. Signature Marie Murchang (M.D. or other)

Address Wentzville Mo Date signed 2/13/45

1340 (Licensed Embalmer's Statement on Reverse Side) Coroner St Charles Co

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 3-19-45

MAR 23 1945

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 Ed Keithly

Licensed Embalmer No. 8 7 7

P. O. Address Fallon 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, fact should be so stated above.