

7. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5980**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2020**

1. PLACE OF DEATH
(a) County **St. Louis Mo.**
(b) City or town **City of St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **City Hosp #10**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **000**
(c) City or town **St. Louis** **2517**
(If outside city or town limits, write "RURAL")
(d) Street No. **305 Lucas** **9**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) **0**
If yes, name country

3. (a) PRINT FULL NAME **Edward Bakke Dahl**
3. (b) If veteran, name war **3. (c) Social Security** No.
4. Sex **Male** **5. Color of skin** **White**
6. (a) Single, widowed, married, divorced **0**
6. (b) Name of husband or wife **6. (c) Age of husband or wife if** alive **47.1889**
7. Birth date of deceased **Oct. 1889**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH Month **Jan** day **30** year **1947** hour **3** minute **30** P.M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

8. AGE: Years **58** Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace **Musk MO**
(City, town, or county) (State or foreign country)
10. Usual occupation **Toddler**
11. Industry or business **Musk**
12. Name **Musk**
13. Birthplace **Musk MO**
(City or town, or county) (State or foreign country)
14. Maiden name **Musk**
15. Birthplace **Musk MO**
(City, town, or county) (State or foreign country)
16. (a) Informant **W. J. Callaway**
(b) Address **1300 E. Main St. St. Louis**
17. (a) _____ **(b) Date thereof** **2-18-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation **Anatomical Board**
18. (a) Signature of funeral director **W. J. Callaway**
(b) Address **3500 Kirtland**
19. (a) **FEB 27 1947** **(b) J. J. Brueck**
(Date received local Registrar) (Registrar's signature)

that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death **1. Shock, 2. laceration of brain**
3. compound fractures of both legs
When he was struck by car
Due to **Automobile driven by one Gilbert Gray**
When he walked across the street
Due to **against the traffic signal at**
1st (horizontal) around 1:45 am.
Other conditions **Jan. 28 1947**
(Include pregnancy within 3 months of death)
unfortunate accident

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
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 **Jan. 28 1947**
(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?
While at work _____ (Specify type of place)
Cause of injury _____
23. Signature **John E. Doyle** **3**
Address **122** Date signed **2/11/47**
(D. of other)

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

MOTHER, FATHER

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.....

P. O. Address.....

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.