

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>636</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New Mexico</u> b. COUNTY <u>959</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur</u>		c. LENGTH OF STAY (in this place) <u>29</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Albuquerque</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. I. Tracks & Creve Coeur</u>											
3. NAME OF DECEASED a. (First) <u>Archie</u> (Type or Print)			a. (Middle) <u>C.</u>		c. (Last) <u>Dorlac</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 13, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 10, 1907</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>41</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Floor Contractor</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>Walter Dorlac</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Primo</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Eliz. Powell Dorlac</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>			16. SOCIAL SECURITY NO. <u>525-14-6477</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marvin Dorlac-Crystal City, Mo.</u>				ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fractured skull & crushing chest injuries with internal hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____						E 81 29 17 28			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Creve Coeur, St. Louis, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 13 49 A</u>					
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Occupant of automobile struck by freight train</u>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.											
23a. SIGNATURE <u>Arnold J. Willmann</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>			23c. DATE SIGNED <u>3/16/49</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo.</u>					
DATE REC'D BY LOCAL REG. <u>3-15-49</u>		REGISTRAR'S SIGNATURE <u>Thurmon L. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Collier Funeral Home 10123 St. Cha. Rd.</u>					ADDRESS	

(Licensed Emballer's Statement on Reverse Side)

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

APR 23 1949

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed..... *Sheldon Collier*

Licensed Embalmer No..... 3382

P. O. Address..... 10123 St. Charles Rd.

St. Louis County, 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.