

FILED APR 23 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14422

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 676 Registrar's No. 637

1. PLACE OF DEATH a. COUNTY St. Louis County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur		c. CITY (If outside corporate limits, write RURAL and give township) Overland	
c. LENGTH OF STAY (in this place) 10 Yrs		d. STREET ADDRESS (If rural, give location) 9426 Minerva	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. I. Tracks & Creve Coeur		4. DATE OF DEATH (Month) (Day) (Year) March 13, 1949	

3. NAME OF DECEASED (Type or Print) Ginard W. Dorlac, Sr.		a. (First) Millib (Dorlac)		c. (Last) Dorlac, Sr.		4. DATE OF DEATH (Month) (Day) (Year) March 13, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 26, 1912	
9. AGE (in years last birthday) 37		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Walter Dorlac		13b. MOTHER'S MAIDEN NAME Ella Primo		14. NAME OF HUSBAND OR WIFE Elsie Seibert Dorlac	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 492-09-2906		17. INFORMANT'S SIGNATURE OR NAME Marvin Dorlac--Crystal City, Mo.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull & crushing chest injuries with internal hemorrhage		ANTECEDENT CAUSES injuries with internal hemorrhage					
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Creve Coeur, St. Louis, Mo. Mo. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 13 49 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Driver of automobile struck by freight train	

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 Cornald J. Williams		(Degree or title) Coroner		23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 3/16/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/17/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County Mo.	

DATE REC'D BY LOCAL REG. 3-17-49		REGISTRAR'S SIGNATURE Therese L. Lunn		25. FUNERAL DIRECTOR'S SIGNATURE Collier Funeral Home		ADDRESS 10123 St. Chas. Rd.	
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WRITE PLAINLY—USING 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.....

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.

MAR 9 1981