

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

44013

State File No.

No. 800
10-48

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 3142

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u>	
c. LENGTH OF STAY (in this place) <u>6 yrs</u>		4119	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Short St. & Wabash R. R.</u>		d. STREET ADDRESS (If rural, give location) <u>321 Redmond Ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u>	b. (Middle) <u>Kotalik</u>	c. (Last) <u>Drier</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12/5/52.</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 11, 1912</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Press Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Universal Match</u>	11. BIRTHPLACE (State or foreign country) <u>Owensville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>John J. Kotalik</u>	13b. MOTHER'S MAIDEN NAME <u>Sophie Robos</u>	14. NAME OF HUSBAND OR WIFE <u>Raymond L. Drier</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY (If yes, give war or dates of service) <u>489-07-2318</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Raymond L. Drier, Ferguson, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Her body was dismembered after being struck by a Wabash passenger train as she was attempting to cross the track on her way home</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>from work.</u> DUE TO (c) <u>from work.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>802X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>136</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>R.R. right-of-way</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ferguson St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/5/52 7:05A.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by train while crossing tracks.</u>
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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.

23. SIGNATURE <u>Arnold J. Williams</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>12/9/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/8/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-8-52</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>White Chapel, Ferguson, Mo.</u>	ADDRESS
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

L. M. White

Licensed Embalmer No. *3973*

P. O. Address

Ferguson, 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.