

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32350

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **city**)

(No. **city**)

File No.

Registered No. **3765**

St. Ward)

2. FULL NAME

(a) Residence. No. **936 910 Morgan** St. **15** Ward.

Length of residence in city or town where death occurred **48** yrs. mos. ds.

(If nonresident give city or town and State)

How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

May 30 - 1869

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
67	5	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Amateur**
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Louisiana**

10. NAME OF FATHER

John Collins

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Unknown**

14.

INFORMANT **Anna**
(Address) **City of St. Louis**

15.

FILED **NOV - 7 1927** **Marb Starckoff**
19 **Register**

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct 30 1927**

17.

I HEREBY CERTIFY That I attended deceased from **Oct 14 1927** to **Oct 30 1927**
 that I last saw him **alive on Oct 30 1927**, and that death occurred, on the date stated above, at **7:30 a.m.**

CAUSE OF DEATH* WAS AS FOLLOWS:

Solar pneumonia
59
108

CONTRIBUTORY **Diabetic mellitus**
(SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATIONAL PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) **J. H. ...** M. D.
30, 19**27** (Address) **City of St. Louis**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

New St. Marcus

DATE OF BURIAL

11/2 1927

20. UNDERTAKER

Wacker - Alderle

ADDRESS

2331 S. Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

Ormeton