

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

Do not use this space.

35411

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 5934) Waldman

File No.....
Registered No. 10597
St. _____ Ward)

2. FULL NAME

3 Stimpfelia Collins
(a) Residence. 3934 Waldman, 16 Ward.

(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25 - 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>61</u>	<u>11</u>	<u>1</u>	<u>1</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Hamburg
(STATE OR COUNTRY) no.

10. NAME OF FATHER Paul Collins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Welch

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland
(STATE OR COUNTRY)

14. INFORMANT Mary Alexander
(Address) - 3934 Waldman

15. NOV 26 1927 Max C Starkloff
FILED 19..... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 26th 1927

17. I HEREBY CERTIFY, That I attended deceased from 11:15 Nov. 26th 1927 to 11:24 Nov. 26th 1927, and that I last saw him alive on Nov. 25th 1927, and that death occurred, on the date stated above, at 7 - a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

48
Cancer of Uterus
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 46
(duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED no.
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF.....
WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Blair D. Lorman, M. D.

Nov 26, 1927 (Address) 3900 Cleveland av
*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 Cleary Cem DATE OF BURIAL Nov 26 1927

20. UNDERTAKER Thos J Finnan ADDRESS, 9 S Grand

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.

1000