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

Do not use this space.

15249

File No. .....
Registered No. 4177

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2221 Mullanphy St ..... St. ..... Ward)

2. FULL NAME Frank P Collins

(a) Residence. No. ..... St., 20 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)
Male	White	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	abt. 48	–	–	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Clerk

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Shapleigh Hardware Co

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) St Louis

PARENTS

10. NAME OF FATHER Owen Collins

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

12. MAIDEN NAME OF MOTHER Johanna Whitted

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

14. INFORMANT Catherine Collins
(Address) 2221 Mullanphy St

15. FILED APR 17 1928, 19 ..... Mary C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/15 1928

17. I HEREBY CERTIFY, That I attended deceased from April 7, 1928, to April 15, 1928, that I last saw him alive on April 15, 1928, and that death occurred, on the date stated above, at 1:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Uraemic Poisoning

Chronic Interstitial Nephritis (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) R. Pneumonia (Lobar) (duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED 1200 N 14th St

IF NOT AT PLACE OF DEATH? 0

DID AN OPERATION PRECEDE DEATH? No. DATE OF 1328

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Geo B Kroeger, M. D.

4/16, 1928 (Address) 3442 Gravoisse Ave

*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 Calvary — DATE OF BURIAL 4-18 1928

20. UNDERTAKER Arthur J Donnelly — ADDRESS 2039 Washington

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.

[illegible]

[illegible]

Page 2054

2 - 4