

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

Do not use this space.

3839 2768

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003 File No. 837
 City St. Louis mo. (No. 909 South 16th St.) Registered No. 837 St. Ward)

2. FULL NAME

(a) Residence. No. 909 South 16th St. 27. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>42</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Night Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer Oakville

9. BIRTHPLACE (CITY OR TOWN) Oakville
 (STATE OR COUNTRY) Ill.

10. NAME OF FATHER John A. Collins
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Ellen Tucker
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

14. INFORMANT Lloyd Collins
 (Address) 1708 N. 4th St. E. St. Louis

15. May C. Fowler
 REGISTRAR

25 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 24 1930

17. No Physician Attendance
 I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
 that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1240
Cirrhosis of Liver
 (duration) yrs. mos. ds.
 CONTRIBUTORY Chronic Myocarditis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8. DID AN OPERATION PRECEDE DEATH? DATE OF.....
 WAS THERE AN AUTOPSY yes
 WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. W. Ferner M.D.
 (Address) Dep. Coronar
 *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 Chadwick Cemetery DATE OF BURIAL Jan 27 1930

20. UNDERTAKER Burns Funeral Home ADDRESS E. St. Louis

FILED 20 1930

K. 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.

WRITE PRINTING WITH UNWRAPPING INK—THIS IS A PERMANENT RECORD

1892
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