

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

Do not use this space.

28618

**1. PLACE OF DEATH**

County..... Registration District No. *91*  
 Township..... Primary Registration District No. *1*  
 City *St. Louis* (No. *Salvation Army Hosp*) St. *24* Ward)

File No. ....  
 Registered No. *8526*

**2. FULL NAME**

*Marjorie Darline Collier*  
 (a) Residence. No. *3740 Marine* St. *24* Ward. (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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED, (write the word) <i>single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <i>Aug 3, 1930</i>		
7. AGE	YEARS	MONTHS
	<i>0</i>	<i>0</i>
		DAY
		<i>23</i>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <i>Infant</i>		
(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)**

*St. Louis, Mo.*

**10. NAME OF FATHER**

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

*Illinois*

**12. MAIDEN NAME OF MOTHER**

*Alice Collier*

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

*Kentucky*

**14. INFORMANT (Address)**

*Ellen L. Benson  
3740 Marine Ave.*

**15. FILED**

*Aug 28 1930  
May C. Markley  
REGISTRAR*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 26 1930*  
 17. I HEREBY CERTIFY, That I attended deceased from *Aug 23* 19*30*, to *Aug. 26* 19*30*, that I last saw him *alive* on *Aug. 19* 19*30*, and that death occurred, on the date stated above, at *6 P.* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Prematurity.*

*159* (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) *16/54* (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Paul J. Zentay*

*8-27* 1930 (Address) *3720 Washington St*

\*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**

**DATE OF BURIAL**

*St. Trinity Lutheran Ch.* *8/28 1930*

**20. UNDERTAKER**

**ADDRESS**

*C. Hoffmeister & Co. 9814 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.

3720 Wash. g. v. to  
official 9557  
eccl 3097