WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 27 1931

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

Do not use this space.

**1. PLACE OF DEATH**

96

County St. Louis — Registration District No. 1123 — File No. 11475

Township Carondelet — Primary Registration District No. 2/48 B — Registered No. 92

City Koch (No. Ch. Koch Hosp. St. Ward)

**2. FULL NAME** EDWARD COLLINS

(a) Residence. 3608 N 9th St Louis St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 7 mos. 12 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 Not Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 10, 1889

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 41 | 2 | 23 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Chauffeur 101
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY) St. Louis 1

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT R. Koch Hosp. Records
(Address) " Missouri

15. FILED Mch. 3, 1931 L. C. Obrock REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 3, 1931 19

17. I HEREBY CERTIFY, That I attended deceased from July 21, 1926, 19, to Mar. 3 1931, 19, that I last saw him alive on Mar. 3 1931, 19, and that death occurred, on the date stated above, at 305 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A

131 About (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

About 10 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X Ray & Cl. Findings

(Signed) R. H. Riedel, M. D.

3/3/31 19 (Address) Resident Physician

*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 |
|---|---|
| Calvary Cem. | 3/6 1931 |
| 20. UNDERTAKER | ADDRESS |
| Bensieck-Niehaus | 1138 N. 6th |