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.

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

Do not use this space.

6758

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1834

City St Louis Mo (No. Alexian Bros Hospital St. ..... Ward)

2. FULL NAME John Collins

(a) Residence, No. Festus Mo St., 24 Ward. Festus Mo
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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)
M	W	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) [redacted] Louise Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	68	6	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Glass Works

10. Date deceased last worked at this occupation (month and year) 2

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France 9

FATHER

13. NAME D. Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs J Brooks Festus Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Festus Mo DATE Feb 27 1932

19. UNDERTAKER (ADDRESS) Dwyer & Vinyard Festus Mo

20. FILED [illegible] 25 1932 19 Max C Tanner Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 24 , 1932

22. I HEREBY CERTIFY, That I attended deceased from 2 - 10 —, 1932, to 2 - 24, 1932

I last saw him alive on 2 - 24, 1932. Death is said to have occurred on the date stated above, at 8:20 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Embolus	2-24-
Cardiac	1932
137	
93/A	

Other contributory causes of importance:

Name of operation Prostatectomy Date of 2-16-32

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19 —

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify .....

(Signed) Elmer E. Sexton, M. D.

(Address) 739 Frisco Bldg. St Louis

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate: 1834

Name: John Collins

Who died at: St. Louis, Mo. on Feb 24, 1932

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Embolus, Cardiac
Operation Prostatectomy

Contributory: Operation for Hyperthrophy Prostate, Information given over Phone by Dr. E. E. Sexton, Div. of V. S. 9-21-32

Where was disease contracted? _____

Did operation precede death? yes Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____ _____

DRAG INK—THIS IS A PERMANENT

S-6758