

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

Do not use this space.

17335

1. PLACE OF DEATH

County St. Louis
Township Central
City St. Louis (No. 6342 Page Blvd)

Registration District No. 789
Primary Registration District No. 60233B

File No. _____
Registered No. 160
St. _____ Ward) _____

2. FULL NAME

Mabel Collin

(a) Residence, No. 6342 Page St. _____ Ward. _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF George E. Collin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 4 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home 235

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 2

13. NAME Alexander Pell

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

15. MAIDEN NAME Cora Stamm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 1

17. INFORMANT (ADDRESS) George E. Collin
6342 Page Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE May 30, 1932

19. UNDERTAKER (ADDRESS) Dachmann Havel
1905 Union Blvd

20. FILED 5-28-32 1932 Pella Dray M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1932, to 5-27, 1932

I last saw her alive on 5-27, 1932. Death is said to have occurred on the date stated above, at 7:50 P. m.

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

Cancer of stomach and intestinal secondary involvement of peritoneum
Other contributory causes of importance: 46C

Name of operation Laparotomy Date of 4-21-32
What test confirmed diagnosis? Path Spec Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) John A. Kousserian M. D.
(Address) 76193 Delmar Blvd

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.

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Dr. [unclear] [unclear]

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St Louis
Township Central
City (No)

Registration District No. 789
Primary Registration District No. 6033 B

File No.
Registered No. 160
St. Ward)

2. FULL NAME

Mabel Collins

(a) Residence, No. St., 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 3/28/32 Opela Bracy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

Cancer of stomach and intestines
Secondary involvement of peritonitis

(Date of onset)

Other contributory causes of importance:

460

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.

(Address).....

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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