

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

Do not use this space.

42525

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 791
City St. Louis (No. 5745) Clemens St. _____ Ward _____

File No. _____
Registered No. 11668

2. FULL NAME

Samuel Collins
(a) Residence, No. 5745 Clemens at 5 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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. min.
ab. 62

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Plumber
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) Unknown

FATHER
13. NAME _____

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

MOTHER
15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) J. W. Keener

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson Field DATE 12/29, 1932

19. UNDERTAKER (ADDRESS) Peetz Bros.

20. FILED DEC 28 1932 Registrar John H. Keener

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) found dead Dec. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____
No Physician Attendance

I last saw h. _____ alive on _____, 1932. Death is said to have occurred on the date stated above, at 11:05 A. m.

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

Chronic Myocarditis
93 E
Other contributory causes of importance: B.C.

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 _____, 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 No Injury

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

If so, specify _____
(Signed) J. W. Keener

Address _____

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.

