

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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OCT 20 1933

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

Do not use this space.

30896

PLACE OF DEATH

County St. Louis
Township Central
City Richmond Hgts. (No. St. Mary's Loop)

Registration District No. 1170
Primary Registration District No. 6248H

File No. _____
Registered No. 201
St. _____ Ward _____

2. FULL NAME

Frederick A. Collins
(a) Residence, No. 2644 Lytle Av. St. Ward. Maplewood, 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Maudie H. Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 8 18

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

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 30 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auburn New York

13. NAME Merideth Collins

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

15. MAIDEN NAME Diana Hopkins

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

17. INFORMANT (ADDRESS) Mrs. M. G. Collins
2644 Lytle Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Valhalla Crematory Sept 29, 1933

19. UNDERTAKER (ADDRESS) Coghlan Und. Co. inc.
7146 Manchester Ave

20. FILED Sept 28, 1933 Gertrude Porter
Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-7- 1933, to 9-26- 1933

I last saw him alive on 9-26- 1933 Death is said to have occurred on the date stated above, at 2:45 am

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

Encephalitis (Epidemic Type B) Date of onset _____

Other contributory causes of importance:
(1) Myocarditis (2) Pneumonia (Interstitial or hypostatic) (3) Arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? Serology Was there an autopsy? Yes

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 Albert M. Ester, M. D.
(Signed) _____ (Address) 3101 N. Sutton Ave
Maplewood, Mo

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