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

Do not use this space.
35145

File No. 9359
Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 781
Township ..... Primary Registration District No. 1455
City St Louis Mo (No. City Hospital 2 St. ..... Ward)

2. FULL NAME Richard Collier

(a) Residence, No. 1411 N 14th St., 26 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

NOV 10 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-1892

7. AGE: Years 41 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

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. Porter
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) Miss

FATHER
13. NAME Dave Collier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER
15. MAIDEN NAME Minnie Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

17. INFORMANT (ADDRESS) Mrs Gertrude Heath City Hosp #2

18. BURIAL, CREMATION, OR REMOVAL Jacksonville Ill PLACE Washington DATE 11-6-33 1933

19. UNDERTAKER Dementlund & Mueller Richter (ADDRESS) 2700 Hodiamont St 3500 Rutger St

20. FILED OCT 30 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-23, 1933, to 10-24-, 1933
I last saw him alive on 10-24-, 1933. Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1 Coma	
2 Cerebral Hemorrhage	
3	
4	

Other contributory causes of importance:

Acute Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clin. Lab. 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) P Smith, M. D.
(Address) City Hospital 2