

JUN 12 1935

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

Do not use this space.

17819

1. PLACE OF DEATH

County
Township
City *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**

File No.
Registered No. **4130**
St. Ward)

2. FULL NAME

Elizabeth M. Collier
(a) Residence, No. *4314 1/2 Page* St., *11* Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>Wh</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William J. Collier</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 10, 1874</i>		
7. AGE YEARS <i>61</i>	MONTHS <i>3</i>	DAYS <i>24</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at home</i>		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
13. NAME <i>James P. Sitzsimmons</i>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
15. MAIDEN NAME <i>Mary Ann Caragher</i>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>		
17. INFORMANT <i>Maria A. Mc Donnell</i> (ADDRESS) <i>4314 1/2 Page</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>May 8, 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Chas. S. Stuart</i> <i>1225 Union Blvd</i> <i>M.J. - 1935</i>		
20. FILED <i>J. Biedek</i> Registrar.		

NO PHYSICIAN IN ATTENDANCE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 4, 1935*

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at *9P* m.

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

Mitral Stenosis
Aortic Stenosis
Cardiac Hypertrophy

Date of onset

Other contributory causes of importance: *920*

Name of operation Date of
What test confirmed diagnosis? 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
(Signed) *Charles S. Stuart*, M.D.
(Address) *1225 Union 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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