

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.

JUL 1 1935

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

Do not use this space.
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1. PLACE OF DEATH

County Registration District No. **891**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **Alexander Bro. Hwy.**) St. Ward

File No.
Registered No. **8695**

2. FULL NAME

Charles Collins
(a) Residence, No. **2919 Allen** St., **W** Ward **17**
(Usual place of abode)
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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Single**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec-1-1901**

7. AGE YEARS **33** MONTHS **6** DAYS **27** If LESS than 1 day, hrs. or min.

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

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

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) **Missouri**

13. NAME **Martin J Collins**

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

15. MAIDEN NAME **Mary McDonough**

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

17. INFORMANT **Martin J Collins** (ADDRESS) **2919 Allen Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **6-29** 19**35**

19. UNDERTAKER **Reed Bros** (ADDRESS) **3029 Lafayette**

20. FILED **JUN 29 1935** **J. Buldek** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28, 1935**

22. I HEREBY CERTIFY That I attended deceased from **Feb 19, 1935**, to **June 28, 1935**

I last saw him alive on **June 27, 1935** Death is said to have occurred on the date stated above, at **12:20** p.m.

The principal cause of death and related causes of importance were as follows: **Dementia paralytica (dementia)** Date of onset

Cerebral edema

Other contributory causes of importance: **34**

Name of operation Date of What test confirmed diagnosis? **clinical** 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) **Altenberg** M. D. (Address) **325 Fresco Bldg.**

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D. E. Johnson