JUL 14 1936

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

Do not use this space.

24567

791

1003

File No. 6187

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. St. Anthony's Hospital St. Ward)

Registration District No.

Primary Registration District No.

2. FULL NAME Thomas P. Collins.

(a) Residence, No. 5604a Theodosia Av. St. 6 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 28, 1876.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
60	2	18	

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. unskilled

10. Date deceased last worked at this occupation (month and year) May 1936

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME John Collins.

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

MOTHER

15. MAIDEN NAME Anna O'Brien.

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

17. INFORMANT Mrs. Marion Collins (ADDRESS) 5604A Theodosia Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE June 18 1936

19. UNDERTAKER Bergesch Und. Co. (ADDRESS) 3661 Washington Pl.

20. FILED JUN 17 1936 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936 to 6/15, 1936

I last saw h. alive on 6/15, 1936 Death is said to have occurred on the date stated above, at 1:50 p. m.

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

	Date of onset
Carcinoma of rectum - perforated	

Other contributory causes of importance: acute appendicitis 6/13/36

Name of operation Appendectomy Date of 6/13/36

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) Phil H. Schlerer M. D.

(Address) 3115 S. Grand Av.

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.

100M-11-24-33