

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

Do not use this space.

25123

1. PLACE OF DEATH

County St. Louis Registration District No. 1170  
Township Central Primary Registration District No. 6248H  
City Richmond Heights (No. St. Marys St. Marys St. Marys) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 163  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Elizabeth M. Collins

(a) Residence, No. 6117 Sumner St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) Grimalow ave. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 19, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
81 3 15

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

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

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) Smithland Kentucky

13. NAME John Signaigo

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

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Mr. Frank V. Signaigo (ADDRESS) 6117 Sumner Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE June 6, 1936

19. UNDERTAKER Geo. L. Pleitsch Inc. (ADDRESS) 5936 S. 27th Ave

20. FILED June 5, 1936 Gertrude Porter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1936

22. I HEREBY CERTIFY That I attended deceased from May 26, 1936, to June 4, 1936

I last saw her alive on June 4, 1936. Death is said

to have occurred on the date stated above, at 10:15 a.m.

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

Carcinoma of Colon Date of onset \_\_\_\_\_

Other contributory causes of importance: Carcinoma of liver multiple metastatic

Colon obstruction 6-22-36

Name of operation Colostomy Date of 5-27-36

What test confirmed diagnosis Removal + operation 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? No

If so, specify \_\_\_\_\_ (Signed) J. F. Cleveland, M. D.

(Address) 5936 S. 27th Ave

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8 to 10

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CERTIFICATE OF DEATH**

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**1. PLACE OF DEATH**

County St. Louis  
Township  
City Richmond Hts. (No. ....)

Registration District No. 1176  
Primary Registration District No. 6248H

File No. ....  
Registered No. 163  
St. .... Ward)

**2. FULL NAME** Elizabeth M. Collins

(a) Residence, No. .... St. .... Ward. ....  
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If less than 1 day, hrs. min.  
81 3 15

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.  
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED June 5, 1936 Sara A. Bassett Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4-1936

22. I HEREBY CERTIFY, That I attended deceased from

....., 19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Carcinoma of colon Date of onset

Carcinoma of the sigmoid of colon; metastasized to liver.

Other contributory causes of importance:  
Carcinoma of liver Multiple

Name of operation..... Date of.....

What test confirmed diagnosis?..... as were an autopsy?

23. If death was due to external causes (accident, etc.), 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) H. F. Vineland, M. D.

(Address) 3930 Southwest Ave

SUPPLEMENTARY

S-25123

RECEIVED  
FEB 25 1954

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