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.

OCT 1 1938

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

Do not use this space.

32266

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 259
City Wellston, Mo. (No. 7007a, Robbins Ave., St. Ward)

2. FULL NAME Frank D. Collier,
(a) Residence, No. 7007a Robbins Ave., St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1881.

7. AGE: Years 55 — Months 3 — Days 25 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Iorn Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Molder
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

FATHER
13. NAME John Collier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Lida Cabtree
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Margaret Collier
(ADDRESS) 7007a Robbins Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Aug. 21/36.

19. UNDERTAKER Jos. W. Clark.
(ADDRESS) 3125 Hodiamont Ave.,

20. FILED 8-19, 1936 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18/36. 19

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to Aug 18, 1936
I last saw him alive on Aug 18, 1936. Death is said to have occurred on the date stated above, at 12.35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Syphilis of bones, Heart and central nervous system	

Other contributory causes of importance:

34

Name of operation None — Date of
What test confirmed diagnosis? Laboratory — 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? No
If so, specify
(Signed) Edward Welbing, M. D.
(Address) 4963 Fountain St. Louis Mo.

Dr. E.J. H elbing
4963 Fountain Ave., or Fo. 595I
2I43 B ellevue ST. 2962

1-4 30 P.M.