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.

DEC 5 1936

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

Do not use this space. OC

38903

1. PLACE OF DEATH
County St. Louis — Registration District No. 786
Township Northwest — Primary Registration District No. 4469
City Maplewood (No. 2009 Alameda Ave. St. Ward)

File No.
Registered No. 81

2. FULL NAME Annie Collins
(a) Residence, No. 2009 Alameda 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: 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 Late Maurice J. Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1858

7. AGE — YEARS: 78 — MONTHS: 3 — DAYS: 1 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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. Housewife
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Patrick Shannon
14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT William T. Collins (ADDRESS) 2009 Alameda Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 10-27 1936

19. UNDERTAKER Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway

20. FILED Nov 10 1936 Cadie Breitenstein Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25 1936

22. I HEREBY CERTIFY, That I attended deceased from August 28, 1936, to Oct 25, 1936
I last saw h. alive on Oct 24, 1936. Death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemiplegia	Oct 22
Bronchopneumonia	Oct 23

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide or homicide? Date of injury 8/28, 1936
Where did injury occur? St Louis County. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Country home
Manner of injury Fell from step.
Nature of injury Fractured arm & spine

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.

(Signed) Thomas M Martin, M. D.
(Address) 607 No Grand Ave.

Dr. Thomas Martin

5949
Juniata Univ. Clark
La 0660 C 9962

3:30 to 5:30