MAR 5 - 1937

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

1. Do not use this space.

File No. 8052
Registered No. 1478

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ST LOUIS. (No. MO. BAPTIST HOSP. ..... St. ..... Ward)

2. FULL NAME EDNA ROSIE COLLINS.

(a) Residence, No. 221 AUBERT St., 12 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
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 PAUL L COLLINS.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 14 1901

7. AGE: Years 35 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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.
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) MO.

FATHER
13. NAME ANTON ROSIE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME MAUD CHAPMAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT PAUL L COLLINS
(ADDRESS) 221 AUBERT

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY DATE FEB 3 1937

19. UNDERTAKER LARRY MULLEN
(ADDRESS) 5165 DELMAR BLVD

20. FILED FEB 2 - 1937 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 1 1937

22. I HEREBY CERTIFY, That I attended deceased from April 18 1936, to Feb 1 1937
I last saw her alive on Jan 31 1937. Death is said to have occurred on the date stated above, at 5 05 4 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral stenosis	5 yrs ago
Other contributory causes of importance:	
Mitral regurgitation influenza	5 yrs Jan 21/37

Name of operation ..... Date of .....
What test confirmed diagnosis? clinical 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 ....., 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. M. Black, M. D.
(Address) 1001 Union St. Louis Mo.

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.

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Dr. Black.
1001 Union
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