

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

Do not use this space.

SEP 10 1937

29175

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.**

Registration District No. **791**
Primary Registration District No. **3323a Clara Avenue 003**

File No.....
Registered No. **7808**
St..... Ward.....

2. FULL NAME Genevieve Theresa Collier

(a) Residence, No. **3323a Clara Avenue** 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 **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 **George Collier**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 5th, 1900**

7. AGE YEARS **36** MONTHS **10** DAYS **14** IF LESS than 1 day,hrs. ormin.

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) **St. Louis, Missouri** (STATE OR COUNTRY)

13. NAME **David Burke**

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

15. MAIDEN NAME **Theresa Karnie**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis, Missouri** (STATE OR COUNTRY)

17. INFORMANT **George Collier** (ADDRESS) **3323a Clara Avenue**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary** DATE **August 21 1937**

19. UNDERTAKER **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Avenue**

20. FILED **AUG 19 1937** **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 19th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **July 1**, 19**37**, to **Aug 19**, 19**37**
I last saw h..... alive on **Aug 19**, 19**37**. Death is said to have occurred on the date stated above, at **9:30 AM**

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

Phthisis Pulmonaris (double)

Other contributory causes of importance:

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

What test confirmed diagnosis?..... 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?.....

If so, specify..... (Signed) **D. D. Burke** M. D.
(Address) **2206 Howard St**

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.

OCCUPATION 899

