

REC'D MAR 24 1938

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

8213
Do not use this space.

1. PLACE OF DEATH 2

(a) County Saint Louis Registration District No. 96

(b) Township St. Ferdinand Primary Registration District No. _____ Registered No. 369

(c) City Kinloch (d) Street No. Smith St. & Carson Rd _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Glenn Collins 452

(a) Residence, No. Smith St. & Carson Road St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8, 1937

| | | | |
|--------------|----------|-----------|--|
| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| <u>---</u> | <u>6</u> | <u>18</u> | |

OCCUPATION

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

9. Industry or business in which work was done, as 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) Saint Louis Missouri 0

FATHER

13. NAME William Collins 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri 0

MOTHER

15. MAIDEN NAME Myrtle Harden

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

17. INFORMANT (ADDRESS) Alma Harding Smith St. & Carson Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3/1/38

19. FUNERAL DIRECTOR (ADDRESS) Charles G. Clater 4107 Finney Ave.

20. FILED 228 19. 38 J.R. Meyer M.D. Legal Registrar.

No MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26, 1938

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 9 a. m.

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

Accidental asphyxiation due to bedclothing. Date of onset 2/26/38

Other contributory causes of importance: 152 -

Name of operation _____ Date of _____

What test confirmed diagnosis Physical Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide: accident Date of injury 2/26, 1938
Where did injury occur? South Kinloch (Specify city or town, county, and State) no
Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Smothered in bedclothing
Nature of injury Smothered in bedclothing

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) John O. Conell, M. D.
(Address) 10300 Lackland Road Overland, 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.

STATEMENT BY LICENSED EMBALMER

I, James Arthur Johnson, Licensed Embalmer No. 3522

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

James A. Johnson

Licensed Embalmer No. 3522

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)