

REC'D FEB 10 1939

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

336

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township **St. Louis** Primary Registration District No. **1003**  
(c) City **St. Louis** (d) Street No. **St. Johns Hospital** Registered No. **336**  
(If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**U.S. Ned A. Collins**  
(a) Residence, No. **785 N. Euclid** St. **12** (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Wh** 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) **March 5, 1907**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**31** | **10** | **4**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Secret Service**  
9. Industry or business in which work was done, as saw mill, bank, etc. **Metropolitan Police**  
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) **Missouri**

FATHER 13. NAME **Thomas J. Collins**

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

MOTHER 15. MAIDEN NAME **Mrs. Austin**

16. BIRTHPLACE (CITY OR TOWN) **Arcadia**  
(STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mrs. Ludlow Collins**  
**785 N. Euclid**

18. BURIAL, CREMATION, OR REMOVAL **Bellefontaine** DATE **1-12-39**

19. FUNERAL DIRECTOR (ADDRESS) **Chas. F. Stuart**  
**1225 Union Blvd.**

20. FILED **JAN 10 1939** **J. D. Bruck** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **January 9, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **11-8**, 19**38**, to **1-9**, 19**39**

I last saw h. l. M. alive on **1-9-39**, 19**39**. Death is said to have occurred on the date stated above, at **10:55 P.M.**

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

**Bacterial Endocarditis**  
**Strept. Viridans**

Date of onset

Other contributory causes of importance:

**9/1a**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **St. Collins** Was there an autopsy? **yes**

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 **E. H. Boulton** M. D.

(Signed) **Mo. Thelma Bly** (Address)

W. Bowdoin  
634 N. Grand  
2-4

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*BERNARD H. STUART*, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed, .....

*Bernard H. Stuart*

Licensed Embalmer No. ....

*3500*

P. O. Address. ....

*5318 Bartmer*

**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.)**

**If this body is not embalmed, above space should be left blank.**