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

17344
Do not use this space.

REC'D JUN 12 1939

791
1003

Registered No. 4878

1. PLACE OF DEATH
(a) County
(b) Township
(c) or City City of St. Louis, Mo.
Registration District No.
Primary Registration District No.
(d) Street No. City Sanitarium 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 11 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

457

2. PRINT FULL NAME Richard Collins
(a) Residence, No. 4217a Virginia Ave. St. 15
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Payne Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 20, 1863

7. AGE: Years 75 | Months 8 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Physician
9. Industry or business in which work was done, as saw mill, bank, etc.: Physician
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Arkansas

FATHER
13. NAME: Richard Collins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

MOTHER
15. MAIDEN NAME: Margaret Bledso
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Kentucky

17. INFORMANT (ADDRESS): W. Gansloser M. D. 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthews DATE 5-30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Southern Funeral Home 6322 S. Grand Blvd.

20. FILED MAY 29 1939 19.... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 27, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from 11-7-1938, 19.... to May 27, 1939 19.... I last saw h. im alive on May 27, 1939, 19.... Death is said to have occurred on the date stated above, at 11.35 m. P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetus Mellitus 11-7-38x	

Other contributory causes of importance:
Gangreene Rt. Foot 5-17-39

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) W. Gansloser, M. D.
(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

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.

X16605

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, ~~or by~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.