

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.

JUL 13 1939

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

22442
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 425
 (b) Township Maramee Primary Registration District No. 5580
 (c) City _____ (d) Street No. _____ Registered No. 12-22
 (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 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2540 No Grand Ave St. St Louis Mo
 (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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1896
 7. AGE YEARS 42 MONTHS 7 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk
 9. Industry or business in which work was done, as saw mill, bank, etc. Collector for St Louis
 10. Date deceased last worked at this occupation (month and year) June 24 1939 11. Total time (years) spent in this occupation 5
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo
 FATHER 13. NAME Thos. J. Collins
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 MOTHER 15. MAIDEN NAME May Costello
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland
 17. INFORMANT (ADDRESS) John P. Cullinane 1710 No Grand
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 6/27/39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cullinane Bros and Co 1710 No Grand Ave
 20. FILED 24 Jun 1939 James A. Townsend Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1939
 I HEREBY CERTIFY That I attended deceased from By Inquest June 24 1939
 I last saw him _____ on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Drowning in Meramec River, Accidental. At Ball Hill Bridge
 Other contributory causes of importance:
Drowned while swimming
 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 Accident Date of injury 6/24 1939
 Where did injury occur? New Castle Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place
 Manner of injury Drowning
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify Frank Frazier, Coronator
 (Signed) _____ (Address) Festus, Mo.

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 Fred Frick

Licensed Embalmer No. 3186

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.