

1-22-2  
No. 2  
-11-10-39  
5-17-39  
P 1 X21492

940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3848

FILED FEB 7 1940

Registration District No. 784 Primary Registration District No. 117

Registrar's No. 160

1. PLACE OF DEATH:

(a) County St. Louis 1940

(b) City or town Webster Groves 2

(c) Name of hospital or institution:  
443 E. Big Bend Rd.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Elizabeth Collins 452

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 3 1864  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

9. Birthplace: Chesterfield, Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Irvin Smith

13. Birthplace Chesterfield Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hubbard

15. Birthplace Chesterfield Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant J. E. Gee

(b) Address 443 E. Big Bend Rd.

17. (a) Removal (b) Date thereof 1/23/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlinville, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave

19. (a) JAN 22 1940 (b) DR. M. W. WESTLEY  
(Date received by Registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")

(d) Street No. 443 E. Big Bend Rd.  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21  
year 1940 hour 2:00 minute 4 A. M.

21. I hereby certify that I attended the deceased from Jan 20  
1939 to Jan 21, 1940  
that I last saw her alive on Jan. 21, 1940, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial degeneration 1-28-39

Due to arteriosclerosis

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 93e

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur W. Westley (M. D. or other) \_\_\_\_\_  
Address Webster Groves Date signed 1-22-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

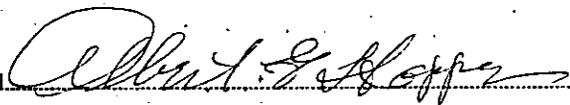
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**STATEMENT BY LICENSED EMBALMER**

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 .....

Licensed Embalmer No. 2991

P. O. Address.....

**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.**