

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 53

1. PLACE OF DEATH:
 (a) County St Charles
 (b) City or town St Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital: 1 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
 In this community 2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lincoln 59
 (c) City or town Troy R 0
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. HWY 2 (If rural, give location)
 (e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Emily Collins
 3. (b) If veteran, name war XX 3. (c) Social Security No. XX
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife Joseph Collins 6. (c) Age of husband or wife if alive Dead years
 7. Birth date of deceased Jan 30 1868
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 14 year 1941 hour 5 minute a M.
 21. I hereby certify that I attended the deceased from Mar 14 1941, to Mar 15 1941; that I last saw her alive on Mar 14 1941; and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 1 Days 14 If less than one day hr. min.
 9. Birthplace St. Louis Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation House Wife

Immediate cause of death Mediocrinal Obstruction Duration
 Due to Valvulus with gangrene of Duod
 Due to Pre Op. Obstruction
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Above condition
 Of autopsy

11. Industry or business
 MOTHER FATHER { 12. Name William Obnier
 13. Birthplace Unknown Germany 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Marie Allen
 15. Birthplace Unknown Germany 4
 (City, town, or county) (State or foreign country)
 16. (a) Informant's own signature Rayl Carlton
 (b) Address 7716 Garvin
 17. (a) Burial (b) Date thereof 3/17/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
RENTON, MO
 (c) Place: burial or cremation Renton Cem
 18. (a) Signature of funeral director James H. Wood
 (b) Address Renton, Mo.
 19. (a) 3-16-41 (b) Obenue D. Hussen
 (Date received local registrar) (Registrar's signature)

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) (a) Means of injury
 23. Signature J. Sauter (M. D. or other)
 Address 505 Oak, St Charles Date signed 3/16/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X1931

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, *Gennech W. Koch*
Licensed Embalmer No. *3047*
P. O. Address *Fenton*

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.