

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19045
Registrar's No. 1121

Registration District No. 784 Primary Registration District No. 111

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3210 Greer Ave.
(If rural, give location) 1
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Delia M. Collins
3. (b) If veteran, name war None 3. (c) Social Security No. None
4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 24th., 1872
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 24 th., year 1941 hour 1 minute 30 p. M.
21. I hereby certify that I attended the deceased from 3/24/41 19 to 5/24/41 19 that I last saw him alive on 5/24/41 19 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
69 4 0 hr. min.

Immediate cause of death Cerebral thrombosis
Due to had tumor in old brain before she complained for cancer for 5 years
Due to _____
Other conditions (Include pregnancy within 3 months of death) 4/6/41

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation School Teacher

PHYSICIAN
Major findings: Of operations _____
Of autopsy tumor deep in brain attached to wall of cerebrum

11. Industry or business _____
12. Name Frank Collins
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Welsh
15. Birthplace Wales
(City, town, or county) (State or foreign country)

22. If death was due to external causes, give 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? _____

16. (a) Informant Miss Julia Collins
(b) Address 3210 Greer Ave.
17. (a) Burial (b) Date thereof 5-29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calyary
18. (a) Signature of funeral director Arthur J. Donnell
(b) Address 3840 Lindell Blvd
19. (a) MAY 28 1941 (b) DR. MARY M. ...
(Date received local registrar) (Registrar's signature)

23. Signature W. P. ... (M. D. or other) 1941
Address ... Date signed 5/27/41

(Licensed Embalmer's Statement on Reverse Side)

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

96
258

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

W. Van Matre

Licensed Embalmer No.

2825

P. O. Address

4340 Lafayette

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, fact should be so stated above.