

FILLED NOV 24 1941 91

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 yrs. 8 mos. 30 days.
In this community About 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 12 #
(If outside city or town limits, write "RURAL")
(d) Street No. 4365 St. Ferdinand Av. 000
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leona Collins

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 8-22-1878
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Will Collins
13. Birthplace Unknown Louisiana
(City, town, or county) (State or foreign country)
14. Maiden name Lottie Hines
15. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant L. Legendre

(b) Address City Sanitarium

17. (a) BURIAL (b) Date thereof 10-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director E. A. Green

(b) Address 2915 Franklin Ave

19. (a) OCT 11 1941 (b) J. J. Bredak
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1941 hour 4:15 minute _____ P. M.

21. I hereby certify that I attended the deceased from 7-1-40, 19____, to 10-7-41, 19____;
that I last saw him alive on 10-7-41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia -10-6-41

Due to Chronic Nephritis 4-6-36

Due to Hypertensive Cardiovascular Disease 4-6-36

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy No. 131

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 H. J. Bullis (M. D. or _____)

Address 5406 Central Date signed 10-8-41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

079

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. *2963* ~~2963~~

P. O. Address. *2915 Franklin*

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.