No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33536
Registrar's No. 8494

Registration District No. 791 Primary Registration District No. 1003

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

00
17
9

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17 11
(d) Street No. 4572 St. Ferdinand (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? all of life years.

3. (a) PRINT FULL NAME Emily Dora Collins
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 Married
6. (b) Name of husband or wife Richard T.
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased March (Month) 2 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
37	7	23	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House-wife
11. Industry or business
MOTHER FATHER
12. Name William Theo. Hilligoss
13. Birthplace Arcola (City, town, or county) Ill. (State or foreign country)
14. Maiden name Florence Lester
15. Birthplace (City, town, or county) England (State or foreign country)
16. (a) Informant Mr. Richard T. Collins
(b) Address 4572 St. FERDINAND
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director W. A. Stock
(b) Address 2117 E. Grand
19. (a) OCT 27 1941 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1941 hour 11 minute 54 A.M.
21. I hereby certify that I attended the deceased from 1936, 1936 to Oct. 25, 1941; that I last saw her alive on Oct. 25, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Malignant Hypertension	5 yrs.
Due to Chronic Nephritis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Done but not yet reported.

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 0

23. Signature Joseph B. Guccione (M. D. or other) MD
Address 2801 N. Taylor Date signed 10/25/41

(Licensed Embalmer's Statement on Reverse Side)

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Grand

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.