

353  
-1-4-41  
5-17-39  
I X26390

State File No.  
Registrar's No.

DEC 22 1941  
Registration District No.

795  
Shipper

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1 12  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Mose Collier  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Male 5. Color or race W  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Marie  
6. (c) Age of husband or wife if alive Dec'd years  
7. Birth date of deceased Sept 5th 1875  
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 12  
If less than one day hr. min.

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

10. Usual occupation Retired coal miner

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

MOTHER FATHER { 12. Name John Collier  
13. Birthplace England  
(City, town, or county) (State or foreign country)  
14. Maiden name Helen Don't Know  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Petersdori

(b) Address 1235 Ashland Chgo Hts Ill.

17. (a) Burial (b) Date thereof 11/20/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Farmington Ill.

18. (a) Signature of funeral director SULLIVAN FUN. DIRECTORS  
(b) Address 2849 N. Euclid ave.

19. (a) NOV 10 1941 (b) J. J. Brudeck  
(Date received local report) (Registrar's signature)

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") 17/2  
(d) Street No. 4823 Page ave.  
(If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 17,  
year 1941 hour 2:45 minute P. M.  
21. I hereby certify that I attended the deceased from November  
21, 1940 to November 17, 1941  
that I last saw him alive on November 17, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy, within 3 months of death)  
acute stenosis

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy as above  
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) no  
(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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature J. J. Brudeck (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Ave. (Date 11/17/41)

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

**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 Albert Magfield  
Licensed Embalmer No. 3647  
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, fact should be so stated above.**