

FILED MAY 19 1942

1003

Registration District No.

Primary Registration District No.

Registrar's No. **4137**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3431 Carls
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 48 years (Specify whether years, months or days)
In this community 48 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3431 Carls (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: (Yes or No)

3. (a) PRINT FULL NAME Sadie Collins

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Thomas Collins 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 21 1893
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 19 If less than one day hr. min.

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Jamie Donnelly
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Theresa McElroy
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Collins
(b) Address 3431 Carls

17. (a) Burial (b) Date thereof 5/13/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director J. F. Predeck
(b) Address 4212 St. Louis Ave

19. (a) DEAD 11 10 42 (b) J. F. Predeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 10
year 1942 hour 2 minute 10 M.

21. I hereby certify that I attended the deceased from 5-29, 1941 to 5-10, 1942
that I last saw her alive on 5-9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death, Carcinoma Cervix
Other conditions metastatic general
(Include pregnancy within 3 months of death) 6 mo

Major findings:

Of operations

Of autopsy

Duration

1 year

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 D

23. Signature Gustave Dahme (M. D. or other) D
Address 1502 St. Grand Date signed 5-11-42

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

MOTHER FATHER

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 Jos A Howard

Licensed Embalmer No. 4139

P. O. Address 4212 ST. LOUIS AVE

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.