

FILED MAY 1942
791

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3454

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)

In this community 3
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Collins

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

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bebecca 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased Dec 15 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>4</u>	<u>1</u>	hr. _____ min. _____

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

10. Usual occupation Tractor driver

11. Industry or business Fachidi Church

12. Name John Collins

13. Birthplace Ill
(City, town, or county) (State or foreign country)

14. Maiden name Bebecca Collins

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Bebecca Collins

(b) Address 210 Millin

17. (a) burial (b) Date thereof 4/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Donald Paul

(b) Address 4420 Washington Ave

19. (a) APR 17 1942 (b) J. F. Brudick
(Date filed and registered) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis NR. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 210 Millin
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16 year 1942 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia
falling away to his back while at work at Fachidi Church, Clay Brodridge Company during
Due to 7:00 pm April 1942
lung and chest infection
with pipe struck by

Other conditions with pipe struck by
(Include pregnancy within 3 months of death)

Major findings: 175
Condensation

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence Apr 1942

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
15 Industrial place

While at work? yes (Specify type of place) _____
(e) Means of injury pipe

23. Signature Thomas J. Callanan (M.D. or other) _____
Address Deputy Coroner Date signed 4/17/42

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. *4148*.....

P. O. Address *Jenney Mo*.....

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.