No. 2
1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

15485

State File No.

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 1001

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robert Koch Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 mo 10 days (Specify whether years, months or days) In this community one and one half

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St Louis 00
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 922-a N. Theresa 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME THELMA HOLT
3. (b) If veteran, name war
3. (c) Social Security No. none
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced married 1
6. (b) Name of husband or wife Richard Holt
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased May (Month) 20 (Day) 1916 (Year)

8. AGE: Years 25 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Hushpuckena (City, town, or county) 1 Miss (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name John Henry Collins
13. Birthplace Claybourne Co Miss (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Eliza Marshall
15. Birthplace Claybourne Co Miss (City, town, or county) (State or foreign country)
16. (a) Informant Hospital Record
(b) Address Robert Koch Hosp
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 9, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Wright's Funeral Home
(b) Address 3100 Easton Ave.
19. (a) MAY 6 - 1942 (Date received local registrar) (b) C. L. McHaron M.D. (Registrar's signature) C.C.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1942 hour 1 minute 40 a M.
21. I hereby certify that I attended the deceased from Oct 24 1941 to May 4 1942; that I last saw her alive on May 4 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	2 yrs +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Frank Cohen (M. D. or other) MD
Address Robert Koch Hosp Date signed 5/4/42

707 (Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No.....,
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.