7. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26075

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6976

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-1/2 Hrs. (Specify whether years, months or days) In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1017
(d) Street No. 4135 Pleasant St. (If rural, give location) 9
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles H. Mc.Collum

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Mc.Collum nee Mc.Donald

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased September 17, 1884 (Month) (Day) (Year)

8. AGE: Years 57 Months 11 Days 1 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Turn key 5th District

11. Industry or business Police Dpt.

FATHER
12. Name Henry Mc. Collum
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Sadie Deprieu
15. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs Bertha Mc.Collum
(b) Address 4135 Pleasant St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/42 (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) AUG 19 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18th year 1942 hour 8:15 PM minute M.

21. I hereby certify that I attended the deceased from 7:30 A.M. Aug. 18 1942 to 8:15 A.M. Aug 18 1942 that I last saw him alive on Aug. 18 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CORONARY THROMBOSIS	5 min.
Due to: CORONARY HEART DISEASE	1 yr.
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 James H. Cummings M.D. (M. or other)
Address 4444 N. Euclid Date signed 8/19/42

(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 William G. Burkholz

Licensed Embalmer No. 2110

P. O. Address St. Louis 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.