

FILED DEC 1 1942

Primary Registration District No. **1003**

Registrar's No. **9766**

1. PLACE OF DEATH:
(a) County.....
(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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... **4 mos. 12 days**
(Specify whether
In this community... **8 years**
years, months or days)

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**
(d) Street No. **3807a Windsor** (If rural, give location) **9 11**
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME **David Collington**
(b) If veteran, name war.....
(c) Social Security No. **unk**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **November** day **20**,
year **1942** hour **8** minute **45A.** M.
21. I hereby certify that I attended the deceased from **July**
8, 19**42**, to **November 20,** 19**42**;

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **maried**
6. (b) Name of husband or wife **CARRIE COLLINGTON** 6. (c) Age of husband or wife if alive **49** years
7. Birth date of deceased **Jan 9 1903**
(Month) (Day) (Year)

that I last saw him alive on **November 8,** 19**42**;
and that death occurred on the date and hour stated above.

8. AGE: Years **39** Months **10** Days **11** If less than one day
hr. min.

Immediate cause of death **Pulmonary Tuberculosis** Duration **Unknown**

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

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

10. Usual occupation **Porter**
11. Industry or business **Chevrolet Motor Co.**
12. Name **David Collington**
13. Birthplace **Texas**
(City, town, or county) (State or foreign country)
14. Maiden name **Jennie Alexander**
15. Birthplace **Texas**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **Carrie Collington**
(b) Address **3807 a Windsor Pl**
17. (a) (Burial, cremation, or removal) (b) Date thereof **Nov 23, 1942**
(Month) (Day) (Year)

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?

(c) Place: burial or cremation **Mexia Texas**
18. (a) Signature of funeral director **Atkins Bros**
(b) Address **3644 H Finney Ave**
19. (a) **NOV 22 1942** (b) **J F Bredbeck**
(Date received local registration) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury **0**
23. Signature **Alva Mason** (M. D. or other)
Address **2601 White** Date signed **11/21/42**

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..... *Rouis V. Atkins*

Licensed Embalmer No. *2842*

P. O. Address... *3644 Finney Av*

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.