V. S. No. 2
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FILED
FEB 23 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4053

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1497

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

1. PLACE OF DEATH:

(a) County

(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 en route City Hosp., #2 ~~4539 Kennerly~~ 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution About 5 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No. 4539 Kennerly Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John Collins

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race 2 Colored

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Hattie Collins

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years About 52 | Months | Days | If less than one day hr. min.

9. Birthplace Halhurst La. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Robert Collins
13. Birthplace La. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace La. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Hattie Collins
(b) Address 4539 Kennerly Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 15 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) FEB 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby. day 8th year 1943 hour 8:50 minute A. M.

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

	Duration
Immediate cause of death Chronic Myocarditis.	
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 James J. Fitzgerald (M. D. or other) Coroner
Address 1300 Clark Ave. Date signed 2/15/43

(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. Clark Young

Licensed Embalmer No. 3377

P. O. Address Rt James

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.