

FILED MAR 30 1943

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Registrar's No. 2676

Registration District No. Primary Registration District No.

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 Hosp.
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town..... West Walnut Manor
(If outside city or town limits, write "RURAL")

(d) Street No. 5830 Hamilton Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Patrick Kenrick Collins.

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

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased March 15, 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 0 5 hr. min.

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

10. Usual occupation None

11. Industry or business.....

12. Name Lewis Tom Collins

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

14. Maiden name Clara Neumann

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lewis Tom Collins,

(b) Address 5830 Hamilton Ave.

17. (a) Burial (b) Date thereof 3/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calyary

18. (a) Signature of funeral director J. F. Fredrick

(b) Address 2117 E. Grand Blvd.

19. (a) MAR 20 1943 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
year 1943 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from March 15, 1943 to March 20th, 1943
that I last saw him alive on March 19th, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death..... Congenital atele - 4 days
tears of lungs.

Due to..... HC

Other conditions Possible Cure -
(Include pregnancy within 3 months of death)
oral hemorrhage?

Major findings: Of operations none made

Of autopsy none made

Duration

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

23. Signature Joseph H. Davis (M. D. or other)
Address 3137 W. 9th St Date signed 3-20-43

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.

Not Embalmed

Signed.....

Frank A. Moore

Licensed Embalmer No.

13041

P. O. Address.....

2117 E. Broad

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.