

MAY 6 1943

Registration District No. 57 Primary Registration District No. 3066

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Lawrence Albert Collins
3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 22
year 1943 hour 9:15 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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Thelma Louise Collins 6. (c) Age of husband or wife if alive Unkn years
7. Birth date of deceased Aug 2 1913
(Month) (Day) (Year)

Immediate cause of death While operating an automobile that left the road and landed in a ditch.
Due to Cerebral contusions; Sub-arachnoid hemorrhage; Fractured left occipital bone; Multiple contusions and abrasions of the body.
Other conditions..... (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
29 8 20 hr. min.

9. Birthplace Pittsburg Penna
(City, town, or county) (State or foreign country)

10. Usual occupation Assembler,

11. Industry or business.....
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations.....
Of autopsy Yes.
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Service Record
(b) Address Jefferson Barracks, Mo.,

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident. 124
(b) Date of occurrence April 22, 1943
(c) Where did injury occur? Page & Lindbergh Rd.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
While at work?..... (Specify type of place)
Means of injury.....
23. Signature Louis H. Bopp (M. D. or other)
Address Kirkwood, Mo. 4-23-43 Date signed.....

17. (a) Removal (b) Date thereof 4-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburg Pa
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address Kirkwood, Mo.
19. (a) APR 26 1943 (b) C. J. McCaran
(Date received local registrar) (Registrar's signature)

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.....

John M. Meyer

Licensed Embalmer No.....

3285

P. O. Address.....

Wickwood, 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.