

No. 2
4-5-43
5-17-39
I X36

ED JAN 20 1944 318

Registration District No. _____ Primary Registration District No. 1003

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 Lawer H Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 hrs.
(Specify whether)
 In this community 17 yrs
years, months or days

3. (a) PRINT FULL NAME Louise Collins
 3. (b) If veteran, name war L
 3. (c) Social Security No. 0

4. Sex F 5. Color or race C 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 Mar 30 1911
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 4 If less than one day _____ hr. min.

9. Birthplace River Town Ala.
(City, town, or county) (State or foreign country)

10. Usual occupation maid

11. Industry or business Susman Wiping Material

MOTHER FATHER

12. Name Albert Collins
 13. Birthplace Ala.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Rogin
 15. Birthplace Ala.
(City, town, or county) (State or foreign country)

16. (a) Informant Nela Prich
 (b) Address 2713 Franklin

17. (a) Burial (b) Date thereof 1-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director A. F. Walter
 (b) Address 2707 St.oddard St

19. (a) JAN 10 1944 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
 (a) State Missouri (b) County 12
 (c) City or town St Louis 90
(If outside city or town limits, write "RURAL")
 (d) Street No. 2713 Franklin Ave
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
 year 1944 hour _____ minute 8:45 A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pericarditis with Effusion
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

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)
 Means of injury _____
 23. Signature Thomas J. Callahan (Date or other) _____
 Address Deputy Coroner Date signed 1-5-43

844 (Licensed Embalmer's Statement on Reverse Side)

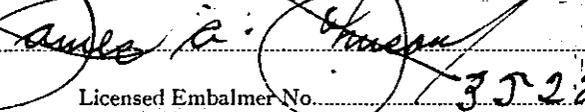
287

287

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



Licensed Embalmer No.....

3522-

P. O. Address.....

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.