

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8821

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3123

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Luke's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether
 In this community 17 Years
 years, months or days)

3. (a) PRINT FULL NAME Fred Guy Collar

3. (b) If veteran, name war no
 3. (c) Social Security No. 702-03-5194

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 2 widower
 6. (b) Name of husband or wife Essie 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Jan. 1st. 1879
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 2 hr. min.

9. Birthplace Effingham I'll
 (City, town, or county) (State or foreign country)

10. Usual occupation Store Keeper
 11. Industry or business Frisco Railroad

MOTHER FATHER { 12. Name Frank Collar
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name not known
 15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Wm. Berryman
 (b) Address 1919 So. Grand
 17. (a) Removal (b) Date thereof 4-5-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Effingham Illinois
 18. (a) Signature of funeral director W. Schumacher
 (b) Address 3013 Meramec
 19. (a) APR 4 1944 J. F. Predeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1919 So. Grand
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country A

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
 year 1944 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from December
1943, to Apr. 3 1944;
 that I last saw him alive on Apr. 2 1944;
 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Degenerative Myocarditis 4 mos
 Duration
 Due to Arterio sclerosis
 Due to -
 Other conditions Myocardial Thrombosis, Cent. 2 days
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy Passive congestion of all organs
 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 Hiram L. Tuggett (M. D. or other) MD
 Address 3720 Washington Blvd Date signed 4/13/44

3726 Williamson

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..... *Francis A. Williamson*
Licensed Embalmer No..... *3565*
P. O. Address..... *St Louis 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.