

FILED MAY 2 1944 318

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 3807

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1012a Victor St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Collins

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Josiah P. Collins 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug. 17, 1875
(Month) (Day) (Year)

8. AGE: Years 68 Months 8 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Hopkins
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Dodson
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Collins
(b) Address 3368 S. Broadway

17. (a) ~~Removal~~ (b) Date thereof 4/25/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tilden Illinois

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) APP 24 1944 J. F. Brueck
(Date received local authority) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1944 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-20-44 to 4-23-44
that I last saw her alive on 4-23-44 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Transverse Colon

Due to _____

Due to _____

Other conditions myocarditis
(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)
(e) Means of injury _____

23. Signature L. F. Murray (M. D. or other) _____
Address 900 - Russell Date signed 4-24-44

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

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 *Nancy Stewart*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.