

FILED NOV 22 1944
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Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jessie Mae Collins

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 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 May 1905
(Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name Rev. W. P. Collins

13. Birthplace ? Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Hardy

15. Birthplace Unknown Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hawkins

(b) Address 2733 Cole Streetm

17. (a) Burial (b) Date thereof Nov 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father-Dickson

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) NOV 10 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
 (d) Street No. 1432 So. Broadway
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4,
 year 1944 hour 3 minutes 15 A. M.

21. I hereby certify that I attended the deceased from October 25, 1944 to November 4, 1944;
 that I last saw her alive on November 4, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Hematogenous Tuberculosis Duration Unk.

Due to Lungs involved

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 A. M. Mitchell (M. D. or other)

Address 2601 N. Franklin Date signed 11/6/44

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..... *H. Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4575 Aldine*.....

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.