

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF HEALTH  
BUREAU OF THE CEMETERIES  
FILED JUN 4 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18038  
Registrar's No. 952

Registration District No. 317 Primary Registration District No. 3069

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Richmond Heights  
(c) Name of hospital or institution: St. Mary's Hospital  
(d) Length of stay: In hospital or institution  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cape  
(c) City or town Cape Girardeau  
(d) Street No.  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Clara Collins  
3. (b) If veteran, name war Nil  
3. (c) Social Security No. None

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Earl Collins  
6. (c) Age of husband or wife if alive 50 years  
7. Birth date of deceased November 25 1896

8. AGE: Years 48 Months 4 Days 22  
If less than one day hr. min.

9. Birthplace Keatsville Missouri

10. Usual occupation Housewife

11. Industry or business  
12. Name W.D. McCulley  
13. Birthplace Cameron Missouri  
14. Maiden name Unknown Shanks  
15. Birthplace Unknown Unknown

16. (a) Informant Earl Collins  
(b) Address Cape Girardeau, Missouri  
17. (a) Burial (b) Date thereof 4-20-45  
(c) Place: burial or cremation Cape Girardeau, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) APR 20 1945 (b) E. B. M. Pausan

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 17  
year 1945 hour 9:50 minute A. M.  
21. I hereby certify that I attended the deceased from 4/3/45  
to 4/17/45  
that I last saw h. ER alive on 4/16/45  
and that death occurred on the date and hour stated above.

Immediate cause of death Hepatitis  
Due to  
Due to  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings: Of operations as above  
Of autopsy as above

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature J. G. Dean (M. D. or other) MD.  
Address  
Date signed 4/18/45

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

106  
883

MOTHER FATHER

707 (Licensed Embalmer's Statement on Reverse Side)

JUN 22 1945

JUN 22 1945

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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 Albert G. Haffer  
Licensed Embalmer No. 2971  
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.