V. S. No. 2
.00M—5-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28929
Registrar's No. 8048

FILED SEP 24 1945

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(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 Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution From August 22, 1945 to Sept. 13, 1945. (Specify whether years, months or days)
In this community

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. 3848 Blaine Avenue
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louisa Collie
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 Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 4. (Day) 1854 (Year)
8. AGE: Years 91 Months 1 Days 9 If less than one day hr. min.
9. Birthplace Murray (City, town, or county) Kentucky (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Alex Ross
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Fronie Ragsdale
15. Birthplace Unknown (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Murray, Kentucky
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) SEP 14 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 13, year 1945 hour 11 minute 35 A.M.
21. I hereby certify that I attended the deceased from August 22, 1945, to September 13, 1945; that I last saw her alive on September 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Essential Hypertension — Duration 1941
Due to Rheumatoid Arthritis
Unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Edwin Amour Bowdish M. D. or other)
Address 5800 Arsenal St. Date signed 9-13-45

(Licensed Embalmer's Statement on Reverse Side)

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. G. W. Wilkinson

Licensed Embalmer No. 3575

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.