

No. 2
5-43
5-17-39
I X36671

FILED JAN 21 1946
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **215**

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:
De Paul Hosp. *D*
(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

3. (a) PRINT FULL NAME **Jerome J. Collins**

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

4. Sex **Male** *O* 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Rita Wegman Collins** 6. (c) Age of husband or wife if alive **34** years

7. Birth date of deceased **October 24 1909**
(Month) (Day) (Year)

8. AGE: Years **36** Months **2** Days **12** If less than one day
hr. _____ min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Meat Cutter**

11. Industry or business _____

12. Name **John J. Collins**

13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Virginia Burrichter**

15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Rita Collins**

(b) Address **7052 Camden Court**

17. (a) **Burial** (b) Date thereof **1/9/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Stroot-Carroll**

(b) Address **4600 Natural Bridge Ave.**

19. (a) **JAN 8 1946** *J. F. Bredenk*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** *96*

(c) City or town **St. Louis University City**
(If outside city or town limits, write "RURAL")

(d) Street No. **7052 Camden Court**
(If rural, give location) *N.R. 5*

(e) Citizen of foreign country? _____ (Yes or No) *1*

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **6**
year **1946** hour **11** minute **45 P** M.

21. I hereby certify that I attended the deceased from **APRIL 9 1943** to **JAN 6 1946**
that I last saw him alive on **JAN 5 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death
PRIMARY CARCINOMA OF LUNG *7MO?*

Due to _____

Due to _____ *H.H.*

Other conditions **CARCINOMA PLEURA** *6MO?*
(Include pregnancy within 3 months of death)

Major findings: **CONFIRMED CLINICAL 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 *James L. Mudd* (M. D. or other) *P. M.D.*
Address **634 N GRAND** Date signed **1-7-46**

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.....

David E. Hoffman

Licensed Embalmer No.....

4966

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,