

FILED FEB 11 1946

STANDARD CERTIFICATE OF DEATH

State File No. 7083

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 322

1. PLACE OF DEATH: Arch ST. LOUIS

(a) County Arch

(b) City or town Lural

(c) Name of hospital or institution: Lt. Arch Hop
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 48 days
(Specify whether)

In this community 2460
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3961 Finney 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME Luth Mae Collins

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

20. DATE OF DEATH: Month 2 day 4
year 1946 hour 10 minute 20 P. M.

4. Sex Fem 3 5. Color or race col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louis Collins 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased: 5 26 27
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12/18, 1945, to 2-4, 1946, that I last saw her alive on 2-4, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

18 9 8 hr. min.

9. Birthplace: Gillette Ark
(City, town, or county) (State or foreign country)

Immediate cause of death: Pulmonary TB F. H. 4/1000

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Louis Boyd

{ 13. Birthplace Ark
(City, town, or county) (State or foreign country)

{ 14. Maiden name Virginia Johnson

{ 15. Birthplace Ark
(City, town, or county) (State or foreign country)

Due to 130

Due to _____

Other conditions: Early latent syphilis
(Include pregnancy within 3 months of death) Secondary Arterio

16. (a) Informant Deceased

(b) Address 3961 S Finney Ave

17. (a) Shipping (b) Date thereof: 2-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fordyce Ark

18. (a) Signature of funeral director William Barr

(b) Address 3644 Finney Ave

19. (a) 2-7-46 (b) E. D. M. Jansen
(Date received local registrar) (Registrar's signature)

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 Beulah Friedman (M. D. or other) MD
Address Lt. Arch Hop Date signed 2/4/46

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

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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.....

Louis V. Atkins

Licensed Embalmer No.....

2842

P. O. Address.....

3644 Finney

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.