

FILED APR 317

1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 6076

Registrar's No. 734

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Manchester, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home 4
(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 Frank E. Collins

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

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

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

7. Birth date of deceased May 2, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	10	25	hr. min.

9. Birthplace New York
(City, town, or county) (State or foreign country)

10. Usual occupation Casket Trimmer

11. Industry or business Michael Collins

12. Name Michael Collins 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mayme Collins
(b) Address 5887 Cabanne

17. (a) Removal (b) Date thereof 3/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeport, Ill.

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) 3-28-46 (b) Ed M. Gowan MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5887 Cabanne 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27
year 1946 hour 8.50 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from Mar 10, 1946 to Mar 27, 1946
that I last saw him alive on Mar 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death hypostatic pneumonia iwh
Due to St. hemiplegia 2 wks
Due to hypertension B

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration
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 Ed M. Gowan MD (M. D. or other) MD
Address Cree Coeur Jmo Date signed 3-28-46

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

MOTHER FATHER

APR 3 1946

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..... *Henry Eynck*
Licensed Embalmer No. 1284
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.