

U. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

11007

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2352**

1. PLACE OF DEATH:
(a) County St. Louis Mo
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hosp # 1
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 96
(c) City or town Webster Grove Mo
(If outside city or town limits, write "RURAL") 7
(d) Street No. 608 Woodside Pl
(If rural, give location) 4NR
(e) Citizen of foreign country? _____ (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME John J. Collins
3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 9
year 1946 hour 11 minute 00 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Lynn
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 3 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
62 2 6 hr. min.

Immediate cause of death Crushed skull and laceration of the brain when he jumped from 16' floor window of the Wisconsin Pacific Building 132 and Olive Street in St. Louis 11:05 A.M. March 9 1946
Ductus ruptus
Other conditions Myocardial infarction
(Include pregnancy within 3 months of death)

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

PHYSICIAN
Underline the cause to which death should be charged statistically.
Major findings: Both
Of operations _____
Of autopsy _____

10. Usual occupation General Baggage Agent
11. Industry or business Mo Pacific Railroad

MOTHER FATHER {
12. Name Maurice J Collins
13. Birthplace New York
(City, town, or county) (State or foreign country)
14. Maiden name Annie Shannon
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide
(b) Date of occurrence March 9 1946
(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?
Mo. Southern Railway
(Specify type of place) (e) Means of injury fall
While at work? _____
Signature [Signature] (M. D. or other)
Address [Address] Date signed 3/11/46

16. (a) Informant Mrs Geo O Tool
(b) Address 608 Woodside Pl W.G.
17. (a) Burial (b) Date thereof 3 11 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway
19. (a) MAR 11 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

20
17
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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..... *Calvin D Mc Bernatt*

Licensed Embalmer No. *3524*

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.