S. No. 2
OM—5-43
v. 5-17-39
o I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25128

Registration District No. FILED AUG 9 1946 318 Primary Registration District No. 1003 Registrar's No. 6685

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

23979

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: Enroute to City Hospital 3
(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 Missouri (b) County OC-11

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

(d) Street No. 1405 Sarsfield Pl. 21 9/18
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Malcolm Collums

3. (b) If veteran, name war Nil

3. (c) Social Security No. 429-38-3942

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mattie Collums

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased March (Month) 29 (Day) 1909 (Year)

8. AGE: Years 37 Months 4 Days 1 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

10. Usual occupation Machinist's Helper

11. Industry or business Fred J. Swaine Mfg. Co.

FATHER
12. Name Dempsey Collums
13. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

MOTHER
14. Maiden name Lucinda Walls
15. Birthplace Unknown (City, town, or county) Mississippi (State or foreign country)

16. (a) Informant Mattie Collums
(b) Address 1405 Sarsfield Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-31-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) JUL 30 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1946 hour 9 minute 00 P M.

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.

Immediate cause of death Acute Hemorrhagic Pancreatitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 128

Major 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? (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Dr. Alfred J. Perry (M.D. or other)

Address Dep Chemical Date signed 7/30/46

(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 J. Allen Downs Jr.

Licensed Embalmer No. 4053

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.