No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 11 1947

Registration District No. 618

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32414

Registrar's No. 9135

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: Homer G Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 30 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3333 Lucas (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 22nd. (Day) 1879 (Year)

8. AGE: Years 68 Months 0 Days 6 If less than one day hr. min.

9. Birthplace ? (City, town, or county) Oklahoma (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant (Mrs.) Ethel D. Reese
(b) Address 3333 Lucas Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-2-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem
18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Avenue
19. (a) OCT 2 1947 (Date received local registrar) (b) J. R. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28 year 1947 hour 8 minute x A.M.
21. I hereby certify that I attended the deceased from Sept. 13, 1947 to Sept. 28, 1947; that I last saw him alive on Sept. 28, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative Heart Disease	Undet.
Due to	
Due to	
Other conditions: Marked congestive Failure (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Abscess of left arm - Cause of Abscess not known
Of autopsy: No

Underline the cause of 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

23. Signature Oscar L. Daniel (M. D. or other)
Address 2601 N Whittier Date signed 9/29/47

Jefferson City Printing Co.

(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 Jetie G. Pettus

Licensed Embalmer No. 4184

P. O. Address St. Louis 8, 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.