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No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 28 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39532

Primary Registration District No. 1003

Registrar's No. 10654

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 5 NORTH 9th STREET
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME RICHARD 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 WIDOWER
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased MARCH (Month) 3 (Day) 1912 (Year)

8. AGE: Years 35 Months 8 Days 8 If less than one day hr. min.

9. Birthplace MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation UNKNOWN
11. Industry or business

MOTHER FATHER
12. Name RICHARD COLLINS
13. Birthplace U.K. (City, town, or county) (State or foreign country)
14. Maiden name MARY UNKNOWN
15. Birthplace U.K. (City, town, or county) (State or foreign country)

16. (a) Informant MR. O'DONNELL
(b) Address 2331 MULLANPHY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation SALVARY
18. (a) Signature of funeral director Eulen Kelly
(b) Address 4386 Finkle
19. (a) NOV 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11th year 1947 hour 9:10 minute A M.
21. I hereby certify that I attended the deceased from 9/18/47, 19..., to Nov. 11th, 19 47 that I last saw him alive on Nov. 11th, 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary tuberculosis, F.A.	10 years +
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
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 John [illegible] (M. D. or other)
Address 1515 Lafayette Date signed 11/12/47

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 Howard F. Rowland

Licensed Embalmer No. 7114

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.