

National Office of Vital Statistics
FILED MAR 15 1948
318

1003

Registrar's No. **2302**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....**St. Louis, Missouri.**

(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:
St. Louis City Hospital - Max C. Starkloff
(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.....**000**

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

(d) Street No. **4050 Cottage Memorial**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME.....**EDWARD COLLINS**

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**March**..... day.....**6th**
year.....**1948**..... hour.....**4**..... minute.....**15** A.M.

21. I hereby certify that I attended the deceased from **12/28/47**, 19....., to.....**March 6th**, 19.....**48**
that I last saw him **in** alive on.....**March 6th**, 19.....**48**
and that death occurred on the date and hour stated above.

4. Sex.....**male**..... 5. Color or race.....**W**..... 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.....**Aug. 8th**, 1876.....
(Month) (Day) (Year)

Immediate cause of death.....
Carcinoma of the Prostate Gland

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause of which death should be charged statistically.

8. AGE:	Years	Months	Days	If less than one day
	71	6	28hr.min.

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

10. Usual occupation.....**retired**.....

11. Industry or business.....

MOTHER FATHER { 12. Name.....**Thos. Collins**.....

13. Birthplace.....**Ireland**.....
(City, town, or county) (State or foreign country)

14. Maiden name.....**Mary Balloran**.....

15. Birthplace.....**Ireland**.....
(City, town, or county) (State or foreign country)

16. (a) Informant.....**Mrs. Nellie Freeland.**.....
(b) Address.....**3951 Cottage**.....

17. (a).....**burial**..... (b) Date thereof.....**3-8-48**.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....**Int. Calvary Cemetery**.....

18. (a) Signature of funeral director.....**Sullivan Brothers.**.....
(b) Address.....**2849 No. Euclid Ave.**.....

19. (a).....**MAR 8 1948**..... (b) **J. F. Breckish**.....
(Date received legal registrar) (Registrar's signature)

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?.....

23. Signature.....**Frank J. Martin**.....
1515 Lafayette.....
Date signed.....**3/6/48**

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

100
FBI
FBI
31
M

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 Robert L. Brinkman
Licensed Embalmer No. 3553

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.