S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6214

FILED FEB 28 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1662

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 5 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1610½ Gay St 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 25
If yes, name country

3. (a) PRINT FULL NAME Julia Collins
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December 15, 1871 (Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 28 If less than one day hr. min. 0
9. Birthplace St. Charles, Mo (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name George Brown 0
13. Birthplace St. Charles, Mo (City, town, or county) (State or foreign country)
14. Maiden name Emily White
15. Birthplace St. Charles, Mo (City, town, or county) (State or foreign country) 0
16. (a) Informant Lucille Bell
(b) Address Robinson, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director C.W. Roberts
(b) Address 1416 N. Taylor Ave.
19. (a) FEB 18 1948 (Date received local registrar) (b) J.F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 12
year 1948 hour 11 minute 25 P M.
21. I hereby certify that I attended the deceased from Feb. 7, 1948 to Feb. 12, 1948
that I last saw her alive on Feb. 12, 1948
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 Chronic Nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 0
23. Signature Oscar J. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 2/14/48

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 Fulton E. Culkin

Licensed Embalmer No. 7198

P. O. Address St. Louis 13. 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.