

No. 2
-1/47
-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **6215**
Registrar's No. **2206**

FILED MAR 15 1948
Registration District No. **318**

Primary Registration District No. **1003**

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
Little Sisters of Poor 3225 N. Florissant
(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 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 3225 N. Florissant Ave.
(If rural, give location) 9
20 (e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.....

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, single 0
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive nil years
7. Birth date of deceased August 6, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 25 hr. min.

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

10. Usual occupation housework

11. Industry or business.....

12. Name Jerome Collins

13. Birthplace Montreal Canada
(City, town, or county) (State or foreign country)

14. Maiden name Mary Anne McDonough

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

16. (a) Informant Maria Kraenkle
(b) Address 4017 N. 11th St.

17. (a) Burial (b) Date thereof Mar. 4-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Leah Funeral Home
(b) Address 3029 Lafayette Ave

19. (a) MAR 3 1948 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan. 12 1948 to March 1st 1948
that I last saw her alive on February 25 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Leuemia
Enlarged spleen

Due to.....

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations.....

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) None

(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?.....
While at work?.....
(Specify type of place) (Means of injury)

23. Signature Edward K. Holley (M.D. or other) 0
Address 1435 N. Grand Blvd Date signed 3-3-48

Duration
1 yr.
1 yr.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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: *David Van Fossan*

Licensed Embalmer No. 4242

P. O. Address. 3029 Lafayette Ave.

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.