

Registration District No. **318** Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County \_\_\_\_\_  
(b) City or town **Saint Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G. Phillips**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 hours**  
(Specify whether years, months or days) **abt. 20 years**

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

3. (b) If veteran, name war **World # 1** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **not known** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **unknown about 1893**  
(Month) (Day) (Year)

8. AGE: Years **about 55** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **unavailable**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Watchman**

11. Industry or business **Comet Theatre**

**MOTHER FATHER**  
12. Name **unavailable**  
13. Birthplace **unavailable**  
(City, town, or county) (State or foreign country)  
14. Maiden name **unavailable**  
15. Birthplace **unavailable**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Thomas James**  
(b) Address **4106 Finney Ave.**

17. (a) **Burial** (b) Date thereof **7/24/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Washington Park**

18. (a) Signature of funeral director **Chas. J. Gates**  
(b) Address **4107 Finney Ave.**

19. (a) **III 2 x 7 (b)**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **010**  
(c) City or town **Saint Louis** **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4061 Finney Ave.** **9**  
(If rural, give location) **0**  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **July** day **20**  
year **1948** hour **11** minute **30 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho Pneumonia;** Duration \_\_\_\_\_  
**Fatty metamorphosis of Liver.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

**PHYSICIAN**  
Underline the cause to 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) \_\_\_\_\_  
Write at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury **2**

23. Signature **Deputy Coroner** (M. D. or other) \_\_\_\_\_  
Address **Deputy Coroner** Date signed **7/23/48**

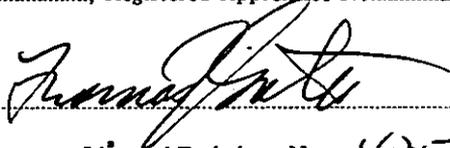
**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 4259

P. O. Address 407 77

**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.**