

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
#88593  
FILED SEP 13 1948

# MISSOURI DIVISION OF HEALTH STANDARD CERTIFICATE OF DEATH

State File No. **27598**  
Registrar's No. **7533**

Registration District No. **318** Primary Registration District No. **1003**

## 1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(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

## 3. (a) PRINT FULL NAME

Anne L. Collins

3. (b) If veteran, name war No

3. (c) Social Security No. 303-26-4851

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Thomas Collins

6. (c) Age of husband or wife if alive Unk. a. years

7. Birth date of deceased About 1885  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
abt-62? ? ? hr. min.

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

10. Usual occupation Sales Lady

## 11. Industry or business

12. Name J.G. Austin

13. Birthplace Arcadia Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Sally C. Medley

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

16. (a) Informant Mrs. Floyd Scott  
(b) Address Irondale, Mo.

17. (a) Burial (b) Date thereof 8-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) AUG 27 1948 (b) Registrar's signature J. F. Brennan  
(Date received local registrar) (Registrar's signature)

## 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. 5573 Delmar Blvd. 9  
Memorial (If rural, give location)  
(e) Citizen of foreign country? 12 (Yes or No) 0  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th  
year 1948 hour 8 minute 13 P. M.

21. I hereby certify that I attended the deceased from 8/6/48  
\_\_\_\_\_, 19\_\_\_\_, to Aug. 25th, 1948  
that I last saw h. ET alive on Aug. 25th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of R. Lung Artery 3 wks  
Arteriosclerosis & Hypertension

Due to Arteriosclerosis & Hypertension

Due to SB

Other conditions Pulmonary Embolism  
(Include pregnancy within 3 months of death)

## Major findings:

Of operations \_\_\_\_\_  
Of autopsy Spec.

## 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_  
23. Signature William M. London (M. D. or other) MD  
Address 151 Lafayette 8/26/48

8824

### 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.....

*Gustav W. Venturo*

Licensed Embalmer No.....

4329

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.**