

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

30918

FILED SEP 20 1948

8031

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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 1225 N. 11th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

Frank Collins

3. (b) If veteran,
name war

3. (c) Social Security No.

4. Sex Male 5. Color White 6. (a) Single, widowed, married,
divorced Wid
(b) Name of husband or wife Martha (c) Age of husband or wife if
alive abt. 1880-1878
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: 48 Years Months Days If less than one day
hr. min.

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

10. Usual occupation Ind.

11. Industry or business Ind.

12. Name Frank Collins

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

14. Maiden name Ind.

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

16. (a) Informant Dr. J. F. Schneider

(b) Address 4700 Washington

17. (a) BORIAL (b) Date thereof 9-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM

18. (a) Signature of funeral director AH HOPPE INC

(b) Address 4700 Washington

19. (a) SEP 14 1948 (b) J. F. Schneider
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1225 N. 11th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23
year 1948 hour 12 minute 30 M.

21. I hereby certify that I attended the deceased from 12:30 PM
to 1:00 PM, 1948, to 1:00 PM, 1948,
that I last saw him alive on Aug 23, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Aortitis,
Coronary Occlusion

Due to Chronic Aortitis,
Coronary Occlusion

Due to Chronic Aortitis,
Coronary Occlusion

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

Major findings: W. M. Q
Of operations

Of autopsy

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) (City or town) (County) (State)

Means of injury 2

23. Signature J. F. Schneider (M. D. or other)

Address 4700 Washington Date signed 9/14/48

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..... *Ralph W. Henson*

Licensed Embalmer No. *3791*

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. *out*

Registrar's No. *8031*

Registration District No. *318*

Primary Registration District No. *1003*

1. PLACE OF DEATH:

(a) County *S*
(b) City or town *St Louis*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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

Frank Collins

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex *M*

5. Color or
race *W*

6. (a) Single, widowed, married,
divorced *Married*

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive *15 years*

7. Birth date of deceased

(Month) (Day) (Year)

8. AGE:

Years *68*

Months

Days

If less than one day

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Aug* Year *1948* hour *8* minute *23* M.

21. I hereby certify that I attended the deceased from *1948* to *1948*, 19...;
that I last saw him alive on *Aug 23*, 19...;
and that death occurred on the date and hour stated above.
Immediate cause of death

Due to
Due to

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

Major findings:
Of operations

Of autopsy

Duration

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) (c) Means of injury

23. Signature (M. D. or other)
Date signed

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

SUPPLEMENTARY

SEP 22 1948

Hand

S-30918

Ro-0500
~~Att-0625~~