

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2566

State File No. ....

384

FILED JAN 29 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>East St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>316 South 6th Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>James</u> c. (Last) <u>Collins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 9 - 1949.</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>December 30, 1927</u>		9. AGE (In years last birthday) <u>21</u>		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Swift Packing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Westpoint, Mississippi.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Charlie Weatherspoon</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Patsy R. Collins</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>425-44-1686</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Patsy R. Collins, 316 South 6th St., East St. Louis, Ill.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paralytic Illness; Pulmonary Edema following statement of Admissions</u> ANTECEDENT CAUSES <u>Asford conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>infectia with knife in the hands of one Eugene Robinson</u> DUE TO (c) <u>(see) in a restaurant 538 Trolley St E St Louis Ill.</u>				INTERVAL BETWEEN ONSET AND DEATH	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arouged 5:00 am jany 1 1949</u>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>167 Hemorrh</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>restaurant</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>E. St. Louis Ill</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 1 49 5:00 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>50940</u>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 7:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Joseph M. Turner Deputy Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>1/22/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri.</u>	
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DATE REGISTRY LOCAL REG. <u>JAN 13 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Pasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Ellis Funeral Home, 2820 Stoddard St.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*C. J. Nash*

Licensed Embalmer No. \_\_\_\_\_

*2435*

P. O. Address \_\_\_\_\_

*3847 Jay. Blvd.*

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.

EMBALMER