

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17166

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4750

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri, b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) /	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		d. STREET ADDRESS (If rural, give location) 24 2233 Osage St.,			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2233 Osage St.,			d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) Mary		a. (First)	b. (Middle) A,	c. (Last) Collins,	4. DATE OF DEATH (Month) (Day) (Year) May 29, 1949			
5. SEX Female,	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single, ✓		8. DATE OF BIRTH August 25, 1868	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri,		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Cornelius Collins,			13b. MOTHER'S MAIDEN NAME Margaret McCauliff,		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Philip J. Collins, 2233 Osage St.,					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 49 175X
22. I hereby certify that I attended the deceased from 1942, 19____, to 5-29, 1949 that I last saw the deceased alive on 5-28, 1949, and that death occurred at 8:45P.m., from the cause and on the date stated above.								
23a. SIGNATURE <u>Wiley Jones M.D.</u>			23b. ADDRESS 3616 S. Broadway		23c. DATE SIGNED 5-31-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,	24b. DATE June 1, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri,				
DATE REC'D BY LOCAL REG. MAY 31 1949	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St.,					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____ me

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joe S. Benz

Signed _____
Student Embalmer

Licensed Embalmer No. 1249
2842 Meramec St.,

P. O. Address St. Louis, 18, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.