

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20894
State File No. _____
Registrar's No. 5883

FILED JUL 15 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5883		
1. PLACE OF DEATH a. COUNTY <u>2413 Bacon St.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ada</u>				
b. CITY (If outside corporate limits, write BURIAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 1/2</u>		c. CITY (If outside corporate limits, write BURIAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2413 Bacon Street</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2413 Bacon Street</u>				d. STREET ADDRESS (If rural, give location) <u>2413 Bacon Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>I</u> c. (Last) <u>Collins</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>April 21, 1881</u>		
9. AGE (In years last birthday) <u>68</u>		# UNDER 1 YEAR Months <u>1</u> Days <u>14</u>		# UNDER 1 YEAR Hours <u>1</u> Min. <u>14</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard Collins</u>			13b. MOTHER'S MAIDEN NAME <u>Kate Sommers</u>		14. NAME OF HUSBAND OR WIFE <u>Never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Charles A. Dellenbach</u>				
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>Hypostatic Pneumonia</u> ANTECEDENT CAUSES <u>Malignant Tumour Lumbar Spine or Cord with metastasis to Brain and to right Orbit.</u> DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>None</u> 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>No operation</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) <u>545</u>				
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? <u>196X</u>				
22. I hereby certify that I attended the deceased from <u>April 1, 1949</u> to <u>July 5, 1949</u> , that I last saw the deceased alive on <u>July 5, 1949</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Bennett R. Wood M.D.</u>				23b. ADDRESS <u>3442 Geraldine St. Louis 15 Mo</u>		23c. DATE SIGNED <u>7-6-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/9/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		
DATE REC'D BY LOCAL <u>JUL 6 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasata</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stroot-Carroll</u> ADDRESS <u>4600 Natural Bridge</u>				

WRITE PLAINLY—USING UNFADING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Bert Hoffman
.....
Licensed Embalmer No. *4366*

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.