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FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31679

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7887

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or town) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Mo.</i>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer's Phelps</i>		21 <i>3014 Thomas St</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>George</i> b. (Middle) <i>Collins</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept, 6, 1949</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>col</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>unknown</i>
9. AGE (In years last birthday) <i>64</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>	11. BIRTHPLACE (State or foreign country) <i>Texas</i>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Jim Collins</i>		13b. MOTHER'S MAIDEN NAME <i>Rachel</i>	
14. NAME OF HUSBAND OR WIFE <i>Widow</i>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>---</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Willie Collins 3014 Thomas</i>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <i>St. Louis Mo. 911</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>420'</i>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at *8:40 p.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Willie Collins</i>	(Degree or title)	23b. ADDRESS <i>1300 Clark</i>	23c. DATE SIGNED <i>9/10/49</i>
24a. FUNERAL CREMATION REMOVAL (Specify)	24b. DATE <i>7-14-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Washington Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>

DATE REC'D BY LOCAL REG. SEP 12 1949	REGISTRAR'S SIGNATURE <i>J.B. Lacater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Fred A. Green 4214 Delmar</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*True*

**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 *F. A. Green*

Licensed Embalmer No. *2963*

P. O. Address *4214 DeLamar*

**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.