

FILED NOV 4 1949

Registrar's No. 4199

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Madison</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis (CLAYTON) MO.</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Granite City</b>		
c. LENGTH OF STAY (in this place) <b>HRS.</b>			d. STREET ADDRESS (If rural, give location) <b>2036 Delmar</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WASHINGTON UNIV. CAMPUS</b>					

3. NAME OF DECEASED (Type or Print) a. (First) <b>Daisy Elizabeth</b> b. (Middle) <b>Collins</b> c. (Last) <b>Biel</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 19 1949</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 22, 1878</b>	9. AGE (In years last birthday) <b>70</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home Maker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (State or foreign country) <b>Collinsville, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Lyman Collins</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah C. Barco</b>	14. NAME OF HUSBAND OR WIFE <b>WILLIAM JOHN BIEL</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>William C Biel</b> ADDRESS <b>512 Phillips St. Yella Springs Ohio</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cause unknown</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>795.5</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Herbert R. Howbe M.D.</b>	23b. ADDRESS <b>651 So. Brentwood Blvd.</b>	23c. DATE SIGNED <b>10/20/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Oct. 20, 49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Glenwood</b>	24d. LOCATION (City, town, or county) (State) <b>Collinsville Ill.</b>
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DATE REC'D BY LOCAL REG. <b>10-20-49</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Howbe M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Frank Mercer Granite City Ill.</b>
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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 *Charles E. Mercer*

Licensed Embalmer No. *2988*

P. O. Address *Granite City, Ill*

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.