

No. 300  
10.48

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3328

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3070 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Webster Groves</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves</b>	
c. LENGTH OF STAY (in this place) <b>4 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>610 S. Berry Rd.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>610 S. Berry Rd.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Frank</b>	b. (Middle) <b>van Diest</b>	c. (Last) <b>Collins</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 11, 1950</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Jan. 11, 1903</b>	9. AGE (In years last birthday) <b>47</b>	10. UNDER 1 YEAR Months	11. UNDER 1 HR. Hours	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Chemical Engineer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (State or foreign country) <b>Greenwich Conn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Frank H. Collins</b>	13b. MOTHER'S MAIDEN NAME <b>Constance vanDiest</b>	14. NAME OF HUSBAND OR WIFE
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>046-01-0747</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Eloise vanDiest Skilling</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>self-inflicted carbon monoxide poisoning-found seated in automobile with hose connected to exhaust pipe and into rear of automobile.</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>2973A</b>
	ANTECEDENT CAUSES Morbidity 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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Webster Groves St. Louis MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1 11 50 A m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>See above.</b>
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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 <b>Emald J. Willmann</b> (Degree or title) <b>Coroner 3</b>	23b. ADDRESS <b>Clayton, Mo.</b>	23c. DATE SIGNED <b>1/12/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>	24b. DATE <b>Jan. 12, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis MO.</b>
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DATE REC'D BY LOCAL REG. <b>1-12-50</b>	REGISTRAR'S SIGNATURE <b>Robert P. Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Parker and Co.</b>	ADDRESS <b>Webster Groves Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 *Leslie Welch* .....

Licensed Embalmer No. *4395*

P. O. Address *Hopster Groves*

**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.