

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38851

State File No. 9752

FILED DEC 8-1951

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BIRTH NO. 79508-57 REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u> </u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess</u>		d. STREET ADDRESS (If rural, give location) <u>8621 Betty Lee</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Deborah</u> b. (Middle) <u>Louise</u> c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 1, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>Oct. 31, 1951</u>
9. AGE (In years last birthday) <u>16</u> IF UNDER 1 YEAR Months <u>30</u> Days <u>16</u> IF UNDER 24 HRS. Min. <u>30</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u> </u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Odell Corris Collins</u>	
13b. MOTHER'S MAIDEN NAME <u>Genevieve L. Term</u>		14. NAME OF HUSBAND OR WIFE <u> </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Odell Collins</u>		ADDRESS <u>8621 Betty Lee</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>Amniotic bands + meningococci.</u> ANTECEDENT CAUSES DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS <u> </u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>751X</u>		22. I hereby certify that I attended the deceased from <u>Oct. 31, 1951</u> , to <u>Nov. 1, 1951</u> ; that I last saw the deceased alive on <u>Oct. 31, 1951</u> , and that death occurred at <u>2:00 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Frank S. Robertson, M.D.</u> (Degree or title) <u> </u>		23b. ADDRESS <u>634 No. Grand Ave.</u>	
23c. DATE SIGNED <u>11-3-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>11/5/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Free Free Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Patterson Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumgartner Briden</u>	
25. ADDRESS <u>Overland 14 Mo</u>		DATE REC'D BY LOCAL REG. <u>NOV 5 1951</u>	

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 Oscar F. Mueller

Signed
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14th

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.