No. 300
10.48

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

FILED JUL 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25668

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5131

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Normandy 4151
d. STREET ADDRESS (If rural, give location): 6619- Barr Avenue 20 1

3. NAME OF DECEASED (Type or Print)
a. (First): Matthew
b. (Middle): J.
c. (Last): Collins

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1952.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 7th-1998-
9. AGE (In years last birthday): 54 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U. S. Army Corps of Engineers
11. BIRTHPLACE (State or foreign country): Liverpool England 4
12. CITIZEN OF WHAT COUNTRY?: UDA

13a. FATHER'S NAME: Goverment.
13b. MOTHER'S MAIDEN NAME: Phillips Collins Unknown
14. NAME OF HUSBAND OR WIFE: Kehr. / Mildred E. Collins-nee

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 / **ADDRESS**: Mrs. Mildred Collins, 6619 Barr Ave.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cholecystitis Chr - Chr Cholelithiasis - — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hepatitis - Cholangitis — 2- Yrs-Plus
DUE TO (c) Portal Vein sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystectomy

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Gangrenous gall bladder - with stones
20. AUTOPSY? YES ☒ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 584X

22. *I hereby certify that I attended the deceased from* 11-5- *19* 48 *to* 5-3-Rd *19* 52, *that I last saw the deceased alive on* 5-3-Rd-, *19* 52, *and that death occurred at* 7:20-P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O
23b. ADDRESS: 3734- Jennings Road
23c. DATE SIGNED: 6/4/52.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-7-1952
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetary
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG. JUN 5 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE / **ADDRESS**: Calvin F. Feuts 4828 Natural Bridge Bl

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed John A. Mlenar

Signed.....
Student Embalmer

Licensed Embalmer No. 4186

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.