

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32845

State File No. _____
Registrar's No. 8688

FILEDOCT 1 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

I. PLACE OF DEATH a. COUNTY			2 USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2187			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 18 103a S. Channing 0			
3. NAME OF DECEASED (Type or Print) Jennie		a. (First)	b. (Middle) Collins	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 13 1952	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 7		8. DATE OF BIRTH Jan. 31, 1896	9. AGE (In years last birthday) 56	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Arkansas 7	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Porter		13b. MOTHER'S MAIDEN NAME Lucinda Lucas		14. NAME OF HUSBAND OR WIFE William Collins		
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 William Collins - ADDRESS 103a S. Channing		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			
<p><i>*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></p>			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis			
			ANTECEDENT CAUSES DUE TO (b) Hypertensive Cardiovascular Disease <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
			DUE TO (c) None <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 44.3x		
22. I hereby certify that I attended the deceased from 9-9, 1952, to 9-13, 1952, that I last saw the deceased alive on 9-13, 1952, and that death occurred at 11:46a m., from the causes and on the date stated above.						
23a. SIGNATURE Edna E Brooks M. D.			23b. ADDRESS 2601 N. Whittier St.		23c. DATE SIGNED 9-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 4		24b. DATE 9/19/52	24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. SEP 16 1952		REGISTRAR'S SIGNATURE J. C. Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Atkins Bros. Und. Co. 3644 Finney		

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 John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4223 Emmit

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.