No. 200
10.48

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

FILED DEC 12 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40084

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10740

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) 24 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3421 Dunnica St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2169
d. STREET ADDRESS (If rural, give location) 116 3421 Dunnica St. 0

3. NAME OF DECEASED (Type or Print)
a. (First) LAWRENCE b. (Middle) J. c. (Last) COLLINS

4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1952

5. SEX male 0
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH July 14, 1888
9. AGE (In years last birthday) 64 — 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) machinist
10b. KIND OF BUSINESS OR INDUSTRY Scale Mfg
11. BIRTHPLACE (City and State or Foreign Country) Cleveland, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME unknown
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE Esther Siegmund

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. 488-07-9611
17. INFORMANT'S SIGNATURE OR NAME Esther Collins, 3421 Dunnica St. **ADDRESS**

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) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 6 wks
DUE TO (c) Chronic Endocarditis — ??

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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? 4214

22. *I hereby certify that I attended the deceased from* Apr. 17, 19 52, *to* Nov. 20, 19 52, *that I last saw the deceased alive on* Nov. 20 19 52, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE A W Peters (Degree or title) M.D.
23b. ADDRESS 4145 a S. Grand Blvd.
23c. DATE SIGNED 11/21/52

24a. BURIAL, CREMATION, REMOVAL (Specify) removal
24b. DATE Nov.22,1952
24c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery
24d. LOCATION (City, town, or county) (State) St.Louis County, Mo.

DATE REC'D BY LOCAL REG. NOV 21 1952
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Beiderwieden F.H.Inc. **ADDRESS** 4936 St.Louis Ave.
(Licensed Embalmer's Statement on Reverse Side)

Dr. A. W. Peters,
4145 S. Grand Ave.
2-4 Daily -except
Thurs. & Sun.

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 Max L. Warfel

Licensed Embalmer No. 4170

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.