

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40085

State File No.

318

1003

Registrar's No. 10163

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2269

d. STREET ADDRESS (If rural, give location)

26 3629 North 9th Street., 0

3. NAME OF DECEASED (Type or Print)

a. (First)

MATELDA

b. (Middle)

COLLINS

c. (Last)

4. DATE OF DEATH

(Month)

(Day)

(Year)

NOVEMBER 2, 1952

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Nov 22 1887

9. AGE (In years last birthday)

64

IF UNDER 1 YEAR

IF UNDER 24 HRS.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and State or Foreign Country)

Perryville, Missouri

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Henry Rehkopf

13b. MOTHER'S MAIDEN NAME

Lula Campbell

14. NAME OF HUSBAND OR WIFE

Morning S. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)

No

Nil

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Morning S. Collins, 3629 No 9th 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Kipotic coma

ANTECEDENT CAUSES

Morbid 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.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

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)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

5811

22. I hereby certify that I attended the deceased from 11-1-52, 19, to 11-2-52, 19, that I last saw the deceased alive on 11-2-52, 19, and that death occurred at 2:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

John McCallister, M.D.

23b. ADDRESS

1515 Lafayette Avenue

23c. DATE SIGNED

11-3-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24b. DATE

11-5-52

24c. NAME OF CEMETERY OR CREMATORY

Memorial Park

24d. LOCATION (City, town, or county) (State)

Normandy, Missouri

DATE REC'D BY LOCAL REG.

NOV 5 1952

REGISTRAR'S SIGNATURE

J. McCallister M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Albert H. Hoppe, 4700 Washington

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

DEC 2 1952

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.

Student
Student Embalmer

Signed Elton H. Peneluro

Licensed Embalmer No. 4283

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.