V.S. No. 300
Rev. 10-48

FILED DEC 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40932

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2949

4002 0

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

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CLAYTON
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COUNTY HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~ST. Louis~~ Jennings 4/3
d. STREET ADDRESS (If rural, give location): 5830 HAMILTON

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

4. DATE OF DEATH (Month) (Day) (Year): Nov. 16, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT-28-1899
9. AGE (In years last birthday): 53 — 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): MILL WRIGT
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and State or Foreign Country): GAINESVILLE TEXAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ENOCH LEWIS COLLINS
13b. MOTHER'S MAIDEN NAME: FAY GLENN HUNTER
14. NAME OF HUSBAND OR WIFE: CLARA COLLINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW #1
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: CLARA COLLINS 5830 HAMILTON

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): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ARTERIOLAR NEPHROSCLEROSIS — unk
DUE TO (c): HYPERTENSIVE CARDIOVASCULAR DISEASE — unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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?

22. *I hereby certify that I attended the deceased from* 10-17-, 1952, *to* 11-16-, 1952, *that I last saw the deceased alive on* 11-16-, 1952, *and that death occurred at* 1:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robt. Ken M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton 5, Mo
23c. DATE SIGNED: 11- -52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV-19-52
24c. NAME OF CEMETERY OR CREMATORY: NATIONAL
24d. LOCATION (City, town, or county) (State): JEFFERSON BARRACKS MO

DATE REC'D BY LOCAL REG.: 11-17-52
REGISTRAR'S SIGNATURE: Herbert R. Domke-M.D. P.T.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: E. J. Schnur 3125 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

DEC 3 1962

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 Jas B Wallmer

Licensed Embalmer No. 4014

P. O. Address 1121 Lafayette

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.