

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15576

State File No.

FILED APR 18 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3452

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (in this place) <u>26 yrs</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		2229	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 12 S. 21st Street</u>		d. STREET ADDRESS (If rural, give location) <u>22 12 S. 21st Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Helen</u> b. (Middle) <u>Collins</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 27, 1953</u>	
5. SEX <u>F</u> 3	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-1-1908</u>
9. AGE (In years last birthday) <u>44</u>		10. IF UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hotel Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) <u>McAlester Okla.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Walter Oaktree</u>		13b. MOTHER'S MAIDEN NAME <u>Eucille Nichols</u>	
14. NAME OF HUSBAND OR WIFE <u>Frank W. Collins</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Collins 2324a Pine Blvd</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Disease</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3-27-53</u> <u>1952</u> <u>Nov. 51</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 (Month) (Day) (Year) (Hour) (Minute) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>	
22. I hereby certify that I attended the deceased from <u>Nov. 16, 1951</u> , to <u>3-25, 1953</u> , that I last saw the deceased alive on <u>3-23, 1953</u> , and that death occurred at <u>6:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Deponent title) <u>R. Sheppard, M.D.</u>		23b. ADDRESS <u>2702 Franklin</u>	
23c. DATE SIGNED <u>3-30-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <u>3-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		DATE REC'D BY LOCAL REG. <u>APR 1 1953</u>	
REGISTRAR'S SIGNATURE <u>J. C. Smith MD</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gus Lowe 2930 Dickson St</u>	

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

Arthur L. Heilbard

Licensed Embalmer No. 4221

P. O. Address 4524 Aldene

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.