

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22778  
State File No. 5629  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>4 days</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>335 Johnson, R.R 6</b>	

3. NAME OF DECEASED a. (First) <b>John</b> b. (Middle) _____ c. (Last) <b>Collier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 2, 1895</b>
9. AGE (In years last birthday) <b>57</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 100 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Theodo, Alabama</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>			

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Rosetta Collier</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Rosetta Collier</b>	ADDRESS <b>335 Johnson, E. St. Louis, Ill</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Myocarditis - Hypertension</b> DUE TO (c) <b>Nephritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>59:3X</b>
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22. I hereby certify that I attended the deceased from **Apr 15, 1953**, to **May 26, 1953**, that I last saw the deceased alive on **May 26, 1953**, and that death occurred at **5 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edgar F. Winder</b>	(Degree or title)	23b. ADDRESS <b>930 N. Lindbergh St. St. Louis, Mo.</b>	23c. DATE SIGNED <b>6/2/53</b>
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24a. BURIAL, CREMATION, REMOVAL	24b. DATE <b>3 June 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Booker Washington</b>	24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill.</b>
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DATE REC'D BY LOCAL REG. <b>JUN 5 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. H. Officer</b>	ADDRESS <b>2114 Mo. Ave.</b>
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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 Ben H. Gallivan

Licensed Embalmer No. 2420

P. O. Address 721 N. 26th Street

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.