

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23281

State File No.

FILED JUL 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1831

ED 2
0

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

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>ST LOUIS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>2 WKS</u>	c. CITY OR TOWN <u>WEBSTER GROVES</u>		d. Is Residence within limits of a city or incorporated town? <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CO. HOSP</u>			e. STREET ADDRESS (If rural, give location) <u>617 ROBINSON AVE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Bird</u>		b. (Middle) <u>E.</u>	c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-53</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>7-4-1862</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALESMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PATENT MEDICINE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>VANDALIA MO, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>HENRY P COLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN ABERNATHY</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCES COLLINS</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>44-26-1583</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eda Collins 617 Robinson</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced senility</u>				
19. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21. 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6-9</u> , 19 <u>53</u> , to <u>6-30</u> , 19 <u>53</u> that I last saw the deceased alive on <u>6-30</u> , 19 <u>53</u> , and that death occurred at <u>6:45pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Paul H. ...</u>			23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>7-1-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>7-3-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VALHALLA CREMATORY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>7-1-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Parker Aldrich 7 Home Webster Groves MO</u>		

534

mo.

JAN 2 1958

JAN 20 1958

MAY 8 1958

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
Signature of Student Embalmer

Signed *Leslie Welch*

Licensed Embalmer No. *4395*

P. O. Address *Whiter Grove*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

State of Mo
 County of St. Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1831

On this 16 day of Aug, 1956, before me appears
Lida W Collins, who, upon her oath, states that the original record of ~~birth~~ death
 for Bird E Collins, died ~~born~~ June 30, 1953, in the State of
 Missouri, and which was filed at Jefferson City, Missouri on , 19 , should be corrected as follows:

Item No. 11 should read Vandalia Ill
 Instead of Vandalia Mo

Item No. 17 should read Lida W Collins
 Instead of Lida Collins

Item No. should read
 Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Lida W Collins - Sister Relationship.
617 Robinson Present Address.

Subscribed and sworn to before me this 16th day of August, 1956.

My Commission expires Jan. 22, 1958 Romondo Davis Notary Public.

1. Affidavits containing erasures will not be accepted; draw one line through error and write above it.
2. An item already amended once by affidavit cannot be amended again by affidavit.
3. A surname is changed by court order or by adoption or legitimation procedures.

