

FILED NOV 30 1953

STANDARD CERTIFICATE OF DEATH

39522

State File No. ....

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

05500 F

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 94

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</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) <u>RURAL - MERAMEC</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>7 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>6226 OAKLAND AVE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill Infirmary</u>		3. NAME OF DECEASED a. (First) <u>W.M.</u> b. (Middle) <u>T.</u> c. (Last) <u>COLLINS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 18 1953</u>	5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>
8. DATE OF BIRTH <u>JULY 11, 1878</u>	9. AGE (In years last birthday) <u>75</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>American Express Company</u>
11. BIRTHPLACE (State or foreign country) <u>Mo. 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	13a. FATHER'S NAME <u>Wm. M. Collins</u>	13b. MOTHER'S MAIDEN NAME <u>JULIA McCORMACK</u>
14. NAME OF HUSBAND OR WIFE <u>SINGLE</u>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Doc. Rob. S. J. N. Joseph's Hill - Embalmers</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>CHRONIC MYOCARDITIS</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>GENERALIZED - ARTERIO-SCLEROTIC CARDIO-VASCULAR - DISEASE</u> DUE TO (c) _____ 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 <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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>4/19/1953</u> , to <u>11/17, 1953</u> , that I last saw the deceased alive on <u>11/17, 1953</u> and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.B. Wacker MD</u>	(Degree or title)	23b. ADDRESS <u>4223 Roland Drive</u>	23c. DATE SIGNED <u>Nov 18 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>
DATE REC'D BY LOCAL REG. <u>Nov 21 1953</u>	REGISTRAR'S SIGNATURE <u>Ruth J. Josa</u>	438	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kuephauser</u>
		ADDRESS <u>4228 So. Kingshighway St. Louis Mo</u>	

NOV 30 1953

JEFFERSON COUNTY HEALTH DEPT,  
HILLSBORO, MISSOURI

DATE RECEIVED NOV 24 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Richard W. Stovessand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

P. O. Address St. Louis, Mo  
4228 So. Longfellow

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.