

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24390
State File No. 6544
Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY Missouri

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION 3202a Arsenal e. STREET ADDRESS (If rural, give location) 16 3202a Arsenal 2169

3. NAME OF DECEASED a. (First) THOMAS b. (Middle) C c. (Last) COLLINS JR 4. DATE OF DEATH (Month) (Day) (Year) July 15 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced 8. DATE OF BIRTH June 22, 1903 9. AGE (In years last birthday) 51 0 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Brooms 11. BIRTHPLACE (City and State or Foreign Country) Thebes, Illinois 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas C. Collins Sr 13b. MOTHER'S MAIDEN NAME Bertha L. Loasby 14. NAME OF HUSBAND OR WIFE Lucy Angel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas C. Collins Sr-Belleville, Ill

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Heat Stroke DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Accident 20. AUTOPSY? YES [X] NO []

21a. ACCIDENT (Specify) Accident 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 [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR? E9310

22. I hereby certify that I attended the deceased from 18 P. to 19 Q. D. last saw the deceased alive on 19, and that death occurred at 3:51 P. m., from the causes and on the date stated above. 22

23a. SIGNATURE Gabriel C. Taylor Caron (Degree or title) 23b. ADDRESS 1390 Clark 23c. DATE SIGNED 7.16.54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 19, '54 24c. NAME OF CEMETERY OR CREMATORY Valhalla Burial Park 24d. LOCATION (City, town, or county) (State) Belleville, Illinois

DATE REC'D BY LOCAL REG. JUL 16 1954 REGISTRAR'S SIGNATURE J. Earl Smith M.D. GENERAL DIRECTOR'S SIGNATURE E. St. Louis Ill

M.S.B. (Licensed Embalmer's Statement on Reverse Side)

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

JUL 27 192

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.....
Ed Kurran

Licensed Embalmer No. 3162

P. O. Address E. St. Louis

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.