

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2424**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0298**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY OR TOWN University City / K326	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospt.		STREET ADDRESS (If rural, give location) 6540 Corbitt Ave.	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) M	c. (Last) Collins	4. DATE OF DEATH (Month) (Day) (Year) 1/12/55
-------------------------------------	------------------------	----------------------	--------------------------	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 30 1879	9. AGE (In years by birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 RES. Hours	IF UNDER 1 RES. Min.
--------------------	-------------------------------	---	--------------------------------------	---	------------------------	-----------------------	-----------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clerk	10b. KIND OF BUSINESS OR INDUSTRY R.R. Clerk	11. BIRTHPLACE (City and State or Foreign Country) Washington D.C.	12. CITIZEN OF WHAT COUNTRY? USA
--	---	---	---

13a. FATHER'S NAME John Collins	13b. MOTHER'S MAIDEN NAME Jane Unk	14. NAME OF HUSBAND OR WIFE Helen (Nellie) Collins
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. XXXXXXXXXXXX 702-05 0488	17. INFORMANT'S SIGNATURE OR NAME Helen (Nellie) Collins	ADDRESS 6540 Corbitt
--	---	---	-----------------------------

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, ashenia, 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) Acute heart failure		2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anterior chronic heart disease DUE TO (c)		3-4 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary anemia.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? YES <input checked="" 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 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 **1-11, 1955**, to **1-12, 1955**, that I last saw the deceased alive on **1-11, 1955**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Vincent J. Fisher M.D.	23b. ADDRESS 634 N. Grand St. Louis	23c. DATE SIGNED 1-12-55
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/14/55	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. JAN 12 1955	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Jos. W. Clark	ADDRESS 1125 Hodiament Ave.
---	--	---	------------------------------------

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.....
Signature of Student Embalmer

Signed.....

Alfred J. Boedeke
Licensed Embalmer No. *266*

P. O. Address *1125 Hudson*

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.