

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24648**

FILED AUG 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1947**

1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>ST LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>	c. LENGTH OF STAY (In this place) <b>7 hrs</b>	c. CITY OR TOWN <b>KIRKWOOD</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST LOUIS GO. HOSP</b>		STREET ADDRESS (If rural, give location) <b>428 W Jefferson Ave.</b>	

3. NAME OF DECEASED (Type or Print) <b>VIVIAN</b>	a. (First)	b. (Middle)	c. (Last) <b>COLLINS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 29 1955</b>
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5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	8. DATE OF BIRTH <b>FEB. 17-1887</b>	9. AGE (In years last birthday) Months Days <b>68 5 12</b>	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>EDWARDSVILLE, ILL</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
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13a. FATHER'S NAME <b>GEORGE HEPPS</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH MILLER</b>	14. NAME OF HUSBAND OR WIFE <b>JOHN P. COLLINS</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>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS PEARL WATSON</b>	ADDRESS <b>2809 BURGESS Mo</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, asthma, 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>Subdural hematoma</b>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?
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22. I hereby certify that I attended the deceased from **7-29-1955**, to **7-29-1955**, that I last saw the deceased alive on **7-29-1955**, and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph G. Ernst</b>	(Degree or title)	23b. ADDRESS <b>601 S. Brentwood, Clayton 5, Mo.</b>	23c. DATE SIGNED <b>7-29-55</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>AUG 1-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Peter's Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo</b>
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DATE REC'D BY LOCAL REG. <b>7-30-55</b>	REGISTRAR'S SIGNATURE <b>Richard D. Tomke</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Brown</b>	ADDRESS <b>Kirkwood 22</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 11 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..... *Julius Durand*

Licensed Embalmer No. *300*

P. O. Address..... *Perkins*

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.