

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1955

State File No. 24810

BIRTH NO. _____ REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 590 Registrar's No. 1491

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) PINE LAWN		c. LENGTH OF STAY (in this place) 15 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2114 Crescent		STREET ADDRESS (If rural, give location) 2114 Crescent	

3. NAME OF DECEASED (Type or Print) John B. Collins			4. DATE OF DEATH (Month) (Day) (Year) June 29 1955		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar 14 1893		9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teamster		10b. KIND OF BUSINESS OR INDUSTRY DRIVER		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John Collins		13b. MOTHER'S MAIDEN NAME Sadie Upk		14. NAME OF HUSBAND OR WIFE Marie 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. 192-03-2921		17. INFORMANT'S SIGNATURE OR NAME A. Schumacher	
				ADDRESS 2270 Lucas Hunt	

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) Myocardial Infarction		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) Coronary of heart infarction		
		DUE TO (c) to lungs		
		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 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) 156.1	
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 **4/3**, 19**55**, to **6/29**, 19**55**, that I last saw the deceased alive on **6/29/55**, 19**55**, and that death occurred at **3 A.** m., from the causes and on the date stated above.

23a. SIGNATURE Dr. C. W. Salerno D.O.		23b. ADDRESS 7320 Blumenthal Rd		23c. DATE SIGNED 6/30/55	
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24b. DATE 7-1-55		24c. NAME OF CEMETERY OR CREMATORY CAIVARY		24d. LOCATION (City, town, or county) (State) St. Louis, MO	
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DATE REC'D BY LOCAL REG. 6/30/55		REGISTRAR'S SIGNATURE Herbert P. Donke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Sullivan's	
				ADDRESS 2849 N. Euclid	

(Licensed Embalmer's Statement on Reverse Side)

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

W. L. L. L.
7300 7th St.
St. L. 17999

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 *Albert Maffella*

Licensed Embalmer No. *30*
P. O. Address *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.