

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1955

State File No. 27542

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7275

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 3 days	c. CITY OR TOWN E. St. Louis	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 St. Mary's Infirmary		STREET ADDRESS (If rural, give location) 1109 North 2nd Street	

3. NAME OF DECEASED (Type or Print) Walter	a. (First)	b. (Middle)	c. (Last) Collins	4. DATE OF DEATH 8-17-55	(Month) (Day) (Year)
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH March 31, 1902	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY City of E. St. L.	11. BIRTHPLACE (City and State or Foreign Country) New Albion, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME Mealie ?	14. NAME OF HUSBAND OR WIFE Hattie Collins
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	(If yes, give war or dates of service) W. W. I	16. SOCIAL SECURITY NO. 355-01-1905	17. INFORMANT'S SIGNATURE OR NAME Hattie Collins	ADDRESS 1109 N. 2nd
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week 1 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</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 444X	20. AUTOPSY? YES <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 Jan 1, 1950 to 8-17, 1955, that I last saw the deceased alive on 8-17, 1955, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE Walter A. Young MD (Degree or title)	23b. ADDRESS 2337 Market	23c. DATE SIGNED 8/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-12-55	24c. NAME OF CEMETERY OR CREMATORY Nat'l Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo
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DATE REC'D BY LOCAL REG. AUG 20 1955	REGISTRAR'S SIGNATURE J. Carl Smith - MD	25. FUNERAL DIRECTOR'S SIGNATURE C. J. Nash	ADDRESS 111 N. 13th Street
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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..... *C. J. Nash*

Licensed Embalmer No. *24*

P. O. Address *38476*

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.