

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38111**
Registrar's No. **10263**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | STREET ADDRESS (If rural, give location) 22 541 S. Ohio Street 2229 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Wallie b. (Middle) B. c. (Last) Collins | | 4. DATE OF DEATH (Month) (Day) (Year) 11 19 1955 | |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 3, 1915 |
| 9. AGE (In years last birthday) 40 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | 11. BIRTHPLACE (City and State or Foreign Country) West Point, Miss. |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME Jack Collins | | 13b. MOTHER'S MAIDEN NAME Maggie Ball | |
| 14. NAME OF HUSBAND OR WIFE Elizabeth 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. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Collins 3935 Cottage | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage Subdural Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) suffered when falling off porch DUE TO (c) falling way on third floor of II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3229 Franklin Ave., whether accidental or homicidal could not be determined | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOBPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Verdict | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis E 902.9 MO | |
| 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 45 | | 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:01 P. m., from the causes and on the date stated above. | |
| 23a. SIGNATURE (Degree or title) Edmund E. Dwyer, M.D. | | 23b. ADDRESS 1300 Clance | |
| 23c. DATE SIGNED 11/25/55 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 11-26-1955 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery | |
| 24d. LOCATION (City, town, or county) (State) St. Louis County Mo. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl Smith and people with Co. 3100 Franklin | |
| DATE REC'D BY LOCAL REG. NOV 25 1955 | | REGISTRAR'S SIGNATURE | |

(Licensed Embalmer's Statement on Reverse Side)

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 *M. Claude Gard*.....

Licensed Embalmer No. *34*.....

P. O. Address *4575A*.....

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.