

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19087**

FILED MAY 24 1956  
Collins

BIRTH NO. **35371-56** REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **547** Registrar's No. **1204**

1. PLACE OF DEATH a. COUNTY <b>Saint 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) OR TOWN <b>Richmond Heights (hospital)</b>		c. LENGTH OF STAY (In this place) <b>10 hours</b>	c. CITY OR TOWN <b>Olivette</b> <b>4000</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Marys Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>INFANT</b> b. (Middle) <b>GIRL</b> c. (Last) <b>COLLINS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 13 1956</b>	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>May 13 1956</b>	9. AGE (In years last birthday) <b>10</b> if UNDER 1 YEAR Months <b>10</b> if UNDER 12 MONTHS Days <b>10</b> if UNDER 24 HOURS Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Richmond Heights, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Hardin Collins</b>	13b. MOTHER'S MAIDEN NAME <b>Mariam Amick</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hardin Collins</b> ADDRESS <b>1330 Arrowhead Drive.</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>8 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Poor Pulmonary Ventilation</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anencephalus</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"/>
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) <b>750X</b>
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 **5-12-56** to **5-13-56**, 1956 that I last saw the deceased alive on **5-12-56**, 1956, and that death occurred at **12:30 am.** from the causes and on the date stated above.

23a. SIGNATURE <b>W. H. Ailes</b> (Degree or title)	23b. ADDRESS <b>W.D. Helen Maryland</b>	23c. DATE SIGNED <b>5-13-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	24b. DATE <b>May 14/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>
		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri.</b>

DATE REC'D BY LOCAL REG. <b>5-14-56</b>	REGISTRAR'S SIGNATURE <b>Herbert P. Rowland</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b> ADDRESS <b>7233 Delmar Blv'd.</b>
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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 \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.