Health, & Welfare Public Service

. 300
. 1-56 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35373

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8946

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS, MISSOURI — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LOUIS CITY HOSPITAL #1. — Length of stay in 1b: 9 9 0

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE: MISSOURI — b. COUNTY
c. CITY OR TOWN: ST. LOUIS — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5319 VON PHUL — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JOHN — Middle WILBER — Last COLLIER

4. DATE OF DEATH: Month SEPT. Day 27, Year 1956

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: March 19, 1909

9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CUSTODIAN

10b. KIND OF BUSINESS OR INDUSTRY: Out-of-town

11. BIRTHPLACE (City and state or country): LINCOLN NEBRASKA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JOHN W. COLLIER

14. MOTHER'S MAIDEN NAME: MATTEI MCLAUGHLIN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WORLD WAR II

16. SOCIAL SECURITY NO.: 508-01-1873

17. INFORMANT — Address: ROSE COLLIER 5319 VON PHUL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Thrombosis of Cerebral Artery	10 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive Encephalophy	1 yr
DUE TO (c)	Systemic Hypertension	10 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 332x

20c. TIME OF INJURY: Hour a. m. p. m. — Month, Day, Year

20d. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 9/7/56, to 9/27/56 and last saw her/him alive on 9/27/56
Death occurred at 7:45 A.M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. Strzech MD 0

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 9/28/56

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: OCT. 1, 1956

23c. NAME OF CEMETERY OR CREMATORY: MEMORIAL PARK CEMETERY

23d. LOCATION (City, town, or county): ST. LOUIS COUNTY — (State): MISSOURI

24. FUNERAL DIRECTOR: STROOT CARROLL — ADDRESS: 4600 NATURAL BRIDGE

25. DATE RECD. BY LOCAL REG.: SEP 29 1956

26. REGISTRAR'S SIGNATURE: J Earl Smith MD

(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 eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed M. W. Rueter

Licensed Embalmer No. 48

P. O. Address St Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.