

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 16 1956

State File No. 35376

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9846

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital - North</u>		STREET ADDRESS <u>3660 Blaine</u>	

3. NAME OF DECEASED a. (First) <u>May</u> b. (Middle) <u>Delce</u> c. (Last) <u>Collins</u>		4. DATE OF DEATH (Month) <u>10</u> (Day) <u>26</u> (Year) <u>1956</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Wid.</u>	8. DATE OF BIRTH <u>Aug 28, 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			

13a. FATHER'S NAME <u>Andrew Buchanan</u>	13b. MOTHER'S MAIDEN NAME <u>Willie Hedge</u>	14. NAME OF HUSBAND OR WIFE <u>Roy W. Collins</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>Dont Know</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Roy W. Collins Jr.</u> ADDRESS <u>Box 32 Olney, Ill.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Suppurative Maligant</u>		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) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death. <u>Cerebral Hemorrhage</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331x</u>	20. AUTOPSY? YES <input checked="" 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)
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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?
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22. I hereby certify that I attended the deceased from Sept. 19 56, to Oct. 26 56, that I last saw the deceased alive on Oct. 26, 19 56, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Charles Krohn, M.D.</u>	23b. ADDRESS <u>1755 S. Grand</u>	23c. DATE SIGNED <u>10/27/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 29, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>
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DATE REC'D BY LOCAL REG. <u>OCT 29 1956</u>	REGISTRAR'S SIGNATURE <u>Carl Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Weick Brothers</u> ADDRESS <u>2201 S. Grand Blvd.</u>
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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. *Harvey Kahle*

Licensed Embalmer No. 4596

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.