

FILED NOV 22 1957

STANDARD CERTIFICATE OF DEATH

41854

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10020

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. John 4211/2		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 16 Mo. Baptist Hosp.		Length of stay in 1b 5 weeks		d. STREET ADDRESS 27 9015-St. Louis Av		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Edward Albert Collett				4. DATE OF DEATH Month Day Year Oct. 25, 1957			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Oct. 26, 1897	
9. AGE (In years and birthday) 59		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10b. KIND OF BUSINESS OR INDUSTRY Steel Casting		11. BIRTHPLACE (City and state or country) Pittsburgh, Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward A. Collett				14. MOTHER'S MAIDEN NAME Sarah Webb			
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. 168-10-6688		17. INFORMANT Lillie E. Collett 9015-St. Louis Ave			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Generalized Carcinomatosis</i> DUE TO (b) <i>Fracture and right femur</i> DUE TO (c) <i>Septicemia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Septicemia 10/26/57</i>							INTERVAL BETWEEN ONSET AND DEATH 5 weeks
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Fell in bath room at home</i>					
20c. TIME OF INJURY Hour a. m. p. m. <i>11:30 p. m.</i>		Month, Day, Year <i>9 17 1957</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		20f. CITY, TOWN, OR LOCATION <i>St. John Mo</i>		20g. COUNTY STATE <i>Mo St. Louis Mo</i>	
21. I attended the deceased from <i>Sept 17, 1957</i> to <i>Oct 25, 1957</i> and last saw him ^{born} alive on <i>9/25/57</i> Death occurred at <i>2:10 p. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>Maurice G. DeLuca M.D.</i>				22b. ADDRESS <i>874 St. Charles St. St. Louis, Mo</i>		22c. DATE SIGNED <i>10/25/57</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-30-1957		23c. NAME OF CEMETERY OR CREMATORY Homewood Cemetery		23d. LOCATION (City, town, or county) (State) Pittsburgh, Pa. via R.R.	
24. FUNERAL DIRECTOR <i>William Cross</i> 2504-Woodson Rd-Overland, Mo.				25. DATE RECD. BY LOCAL REG. OCT 26 '57		26. REGISTRAR'S SIGNATURE <i>J. Earl Smith - MD</i>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

(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 *David C. Gibson*

Licensed Embalmer No. *345*

P. O. Address *Overland*

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.