

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED JAN 17 1958

State File No. 2-274
284

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

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) OR TOWN <u>St. Louis (15)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>4 1/2 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>9710 5017 Ruskin</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Christian Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DONALD</u>		b. (Middle) <u>LOUIS</u> c. (Last) <u>COLLIER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 9 - 1958</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>		8. DATE OF BIRTH <u>1 - 9 - 1958</u>	
9. AGE (In years last birthday) <u>4</u> 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis MO.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Theodore O. Collier</u>	
13b. MOTHER'S MAIDEN NAME <u>Rita Marie Lopez</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Theodore O. Collier, 5017 Ruskin</u>		ADDRESS	

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Secondary Anemia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs.</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Erythroblastosis Fetalis</u>		
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>770.0</u>		
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)	
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?	
22. I hereby certify that I attended the deceased from <u>JAN. 9, 1958</u> , to _____, 19____, that I last saw the deceased alive on <u>JAN. 9, 1958</u> , and that death occurred at <u>9:15 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Thomas J. Kopp M.D.</u>		23b. ADDRESS <u>6917 W. Florissant</u>		23c. DATE SIGNED <u>10 Jan 58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Jan 10 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) <u>St. Louis, Mo</u>		24e. (State)			
DATE REC'D BY LOCAL REG. <u>JAN 10 '58</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bromschwig, Son 4746 W. Florissant</u>	
25. ADDRESS					

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1000
1001

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 _____

no embalming

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Joseph H. Bronschevic Jr.*

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 this body is not embalmed, fact should be so stated above.