

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038269

FILED VS. NOV 16 1959 317

Registration District No. 541 Primary Registration District No. 2987 Registrar's No.

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Length of stay in 1b 40 Yrs.	c. CITY OR TOWN Clayton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Res. 7918 Kingsbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 7918 Kingsbury Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MR. VICTOR Middle EDWARD Last COLLETT			4. DATE OF DEATH Month November Day 9, Year 1959		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/30/1891	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Draftsman		10b. KIND OF BUSINESS OR INDUSTRY St. L. Hghway. Dpt. Cambridge, Mass.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Mr. Fred Collett		13b. MOTHER'S MAIDEN NAME Lena Heintz		14. NAME OF HUSBAND OR WIFE Lillian Jane Collett	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 489-05-3765		17. INFORMANT Address J.S. Collett 3095 Blackwood Dr., Fl.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) coronary thrombosis			
DUE TO (c) arteriosclerosis,			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I) atrial fibrillation (ECG March 22, 1958) (Dr. Helen Lissett)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)
20c. TIME OF INJURY Hour _____ m. _____ p.m. Month _____ Day _____ Year _____		

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.)	20f. CITY, TOWN, OR LOCATION Nov. 9 to Nov 9, 1959 and last saw her alive on Nov 9, 1959	COUNTY Mo.	STATE Mo.
21. I attended the deceased from Nov. 9 to Nov 9, 1959 and last saw her alive on Nov 9, 1959 Death occurred at 7:55 am on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE Joseph H. Edwards M.D.	(Degree or title)	22b. ADDRESS 3720 Washington Blvd. St. Louis Mo.	22c. DATE SIGNED Nov 9 1959
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE Nov. 12, 1959	23c. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.

24. FUNERAL DIRECTOR Alexander & Sons 6175 Delmar Blvd.	ADDRESS	25. DATE RECD. BY LOCAL REG. 11-10-59	26. REGISTRAR'S SIGNATURE John C. Murphy M.D.
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Jos. C. Edwards
3720 Wash. Ph. FR 1-3737
Mon. 9 - 1:30 ^{to} 5:00

1018

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6145 2nd St

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.