

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-004495

FILED VS FEB 1 1960 317

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 99

STATE FILE NUMBER

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Louis	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Glendale	a. STATE Mo.	b. COUNTY St. Louis
Length of stay in 1b 15 months		c. CITY OR TOWN Glendale	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 801 W. Lockwood Ave.,		d. STREET ADDRESS 801 W. Lockwood Ave.,	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First WILLIAM	Middle F.	Last COLLINS	4. DATE OF DEATH	Month January	Day 8	Year 1960
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan. 20/81	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Bus Driver	10b. KIND OF BUSINESS OR INDUSTRY San Antonio Transit Co.	11. BIRTHPLACE (City and state or country) Webster Groves, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Alexander Collins	13b. MOTHER'S MAIDEN NAME Mary Breman	14. NAME OF HUSBAND OR WIFE Lillian M. Collins, Dec'd
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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. 155-06-6110	17. INFORMANT Mrs. Susan M. Meyer, 801 W. Lockwood, Glendale Mo.
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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 8 years
IMMEDIATE CAUSE (a) Generalized arteriosclerosis		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) None
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20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year	None
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----	20f. CITY, TOWN, OR LOCATION -----	COUNTY	STATE
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21. I attended the deceased from **Nov. 1958** to **Jan. 8, 1960** and last saw **him** alive on **Jan. 8, 1960**
Death occurred at **11:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles C. Druech</i> (Degree or title)	22b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.	22c. DATE SIGNED 1-11-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/11/60	23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	23d. LOCATION (City, town, or county) Kirkwood, Mo.	(State)
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24. FUNERAL DIRECTOR <i>Louis H. Bopp, Inc.</i>	ADDRESS Kirkwood Mo	25. DATE RECD. BY LOCAL REG. 1-11-60	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

Francis J. Wyland

Licensed Embalmer No.

4517

P. O. Address

Richwood

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