

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10344**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE				b. COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri				Length of stay in 7b				c. CITY OR TOWN St. Louis				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				d. STREET ADDRESS (If outside, give location) 3007 Norwood				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last CARRIE NMN COLLINS						4. DATE OF DEATH Month Day Year OCTOBER 24, 1960									
5. SEX Female		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/22/1906		9. AGE (last birthday) 54		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY None				11. BIRTHPLACE (City and state or country) Alabama				12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME John Turner				13b. MOTHER'S MAIDEN NAME Mary King				14. NAME OF HUSBAND OR WIFE Frank Collins							
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. 427-58-1865				17. INFORMANT Address Mr Frank Collins 3007 Norwood 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) G. I. Bleeding										INTERVAL BETWEEN ONSET AND DEATH 1 week					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of the Stomach with Metastases										3 months					
DUE TO (c) 151X															
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 Month, Day, Year a.m. p.m.															
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			
21. I attended the deceased from 7/21/60 to 10/24/60 and last saw her him alive on 10/24/60 Death occurred at 6:03 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE C.O. Vermillion (Print or title) <i>C.O. Vermillion</i>						22b. ADDRESS BARNES HOSPITAL						22c. DATE SIGNED 10/24/60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/28/60		23c. NAME OF CEMETERY OR CREMATORY National Cemetery				23d. LOCATION (City, town, or county) St. Louis County, Mo.							
24. FUNERAL DIRECTOR E. B. Lounce ADDRESS 1221 North Grand				25. DATE RECD. BY LOCAL REG. OCT 25 1960		26. REGISTRAR'S SIGNATURE <i>Edna Smith, M.D.</i>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

LAURENCE 2011/12

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 Melvin Blackwood
Licensed Embalmer No. 3962

P. O. Address 1421 N. Ave

LAURENCE 2011/12

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.