MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED APR 7 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2975

61-010603
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St.Louis
Length of stay in 1b: Life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Our Lady of Perpetual Help
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St.Louis
c. CITY OR TOWN: Frontenac
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): # 6 Chipper Road
Reside on Farm: Yes ☐ No ☒ XX

3. NAME OF DECEASED (Type or print): First Margaret Middle Mary Last Collins
4. DATE OF DEATH: Month March Day 28 Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/10/1882
9. AGE (last birthday): 78
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): St.Louis,Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Timothy Collins
13b. MOTHER'S MAIDEN NAME: Julia McCormick
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs John Reiner Address: # 6 Chipper Road

MEDICAL CERTIFICATION

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
IMMEDIATE CAUSE (a)	Cerebral hemorrhage	2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Hypertensive cardiovascular disease	3 yrs.
DUE TO (c)	443xH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Left mastectomy (CA) approx. 5 yrs. ago

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 8.2.59, to 3.28.61 and last saw her/him alive on 3.28.61
Death occurred at 1:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible], MD
22b. ADDRESS: 4145 a S. Grand Blvd.
22c. DATE SIGNED: 3.29.61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 3/30/61
23c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
23d. LOCATION (City, town, or county) (State): St.Louis,Missouri

24. FUNERAL DIRECTOR ADDRESS: Alexander & Sons 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: MAR 29 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Dr.Cario Caciolo
4145a.So.Grand Blvd
Fl.3-7733
2 to 6 P.M.

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Alma

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.