

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE
 DEPARTMENT OF PUBLIC HEALTH AND WELFARE

XC-3339 407

SL 21354

-61-038416

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10116

FILED NOV 8 1961

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 ITEM NO.
 BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo. Length of stay in 1b 1 day
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI b. COUNTY _____
 c. CITY OR TOWN St. Louis Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 1650 S. Spring Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First THOMAS Middle J. Last COLLINS 4. DATE OF DEATH Month OCTOBER Day 31 Year 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/7/94 9. AGE (last birthday) 67

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____ 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) HANNIBAL, MO. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME MICHAEL COLLINS 13b. MOTHER'S MAIDEN NAME MARY COYNE 14. NAME OF HUSBAND OR WIFE HELEN COLLINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW-2
 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Helen Collins (Wife) Address Same add. as 2

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) CARCINOMATOSIS INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
 DUE TO (b) CARCINOMA OF PROSTATE UNKNOWN
 DUE TO (c) _____ 177X

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.
 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 10/30/61 to 10/31/61 and last saw him ** alive on 10/31/61. Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In presence of) Alexander Maitland III, M.D. 22b. ADDRESS VAH, ST. LOUIS, MO. 22c. DATE SIGNED 10/31/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Nov. 3, 1961 23c. NAME OF CEMETERY OR CREMATORY National Cemetery 23d. LOCATION (City, town, or county) (State) Jefferson Barracks, MO

24. FUNERAL DIRECTOR Arthur S. Donnelly ADDRESS 3840 Lindell 25. DATE RECD. BY LOCAL REG. OCT 31 1961 26. REGISTRAR'S SIGNATURE Road Smith, M.D.

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lisle

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.