

JE 0554  
DEC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23251  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 1 Registration District No. 791  
(b) Township ..... Primary Registration District No. 1003  
(c) City ..... (d) Street No. DE PAUL HOSPITAL St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 5945

2. PRINT FULL NAME

John. PATRICK COLLINS. 452.  
(a) Residence, No. 1724 No Grand Blvd. 11 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male. 4. COLOR OR RACE White. 5. Single, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vivian Collins.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 30 - 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
44 - 2. 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. atty  
9. Industry or business in which work was done, as saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

13. NAME William J. Collins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

15. MAIDEN NAME Rose Flanagan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo.

17. INFORMANT Mrs Vivian Collins (ADDRESS) 1724 No Grand Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Selsary DATE 7/4/38.

19. FUNERAL DIRECTOR (NAME) Joe P. Collins (ADDRESS) 922 No Grand Blvd

20. FILED J. T. Buddek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27<sup>th</sup>, 1938, to June 30<sup>th</sup>, 1938. I last saw him alive on June 30<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 9:05 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage  
Date of onset  
Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No, specify (Signed) Lloyd D. Seager! M. D. (Address) 2835 Vergard m. flowert. mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5014 2-38 I X 16028

**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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**