

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

23619
 Do not use this space.

1. PLACE OF DEATH **AUG 12 1938**
 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis, MO.** (d) Street No. **2815, Dickson, St.** 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 **27** yrs. mos. ds. (f) How long in U. S., if of foreign birth **60** yrs. **16** mos. **18** ds.

2. PRINT FULL NAME **Mary Collier,**
 (a) Residence, No. **2815, Dickson, St.** St. **[21]** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
 4. COLOR OR RACE **Colored**
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George Collier, deceased**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 22nd 1877.**

7. AGE YEARS **60** MONTHS **107** DAYS **18**
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Cook - Domestic**

9. Industry or business in which work was done, as saw mill, bank, etc. **Private-Family**

10. Date deceased last worked at this occupation (month and year) **Sept 1936**

11. Total time (years) spent in this occupation. **25, yrs.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10th 1938**

22. HEREBY CERTIFY That I attended deceased from **May 3 1938** to **July 10 1938**
 I last saw her alive on **July 9 1938** Death is said to have occurred on the date stated above, at **9:15 A.M.**
 The principal cause of death and related causes of importance were as follows:
Nephritis seen 9 1938
Gastritis
Valvular Heart - New 1938
arterio Sclerosis

Other contributory causes of importance:
 Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify **Samuel Jefferson** M. D.
 (Signed) **Samuel Jefferson**
 (Address) **2200 Jefferson**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fort Gibson, Miss.**

13. NAME **Isaac Page,**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Virginia.**

15. MAIDEN NAME **Tone Carter,**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Fort Gibson, Miss.**

17. INFORMANT **Miss Addie Evans, Sister,**
 (ADDRESS) **2815, Dickson, St.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood Cem'ty.** DATE **7/16. 38.**

19. FUNERAL DIRECTOR **Houston's Fun Home,**
 (ADDRESS) **2812, Thomas,**

20. FILED **JUL 14 1938** **J. P. Bredeck** Local Registrar.

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.

I X 12504

STATEMENT BY LICENSED EMBALMER

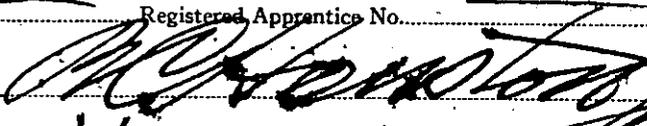
I, R.C.Houston, Jr., Licensed Embalmer No. 2266.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed 

Licensed Embalmer No. 2266.

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.)