JAN 21 1939 DEC 6 FEB 7 1939

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

3826
Do not use this space.

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.

96 6 4

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township or — Primary Registration District No. 109 — Registered No. 125
(c) City Maplewood — (d) Street No. 7337 Richmond Pl. 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.

4522

2. PRINT FULL NAME Maud G. Collins
(a) Residence, No. 7337 Richmond Pl. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
57	10	0	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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

12. BIRTHPLACE (CITY OR TOWN) Syracuse (STATE OR COUNTRY) N. Y.

FATHER
13. NAME Walter J. Bustin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER
15. MAIDEN NAME Gertrude Lester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT Fred Collins (ADDRESS) 7337 Richmond Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill, Cem. DATE Jan. 23, 1939

19. FUNERAL DIRECTOR (NAME) Jay B. Smith (ADDRESS) 7456 Manchester

20. FILED JAN 21 1939 G. A. Meyer M.D. D.P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 10, 1937 to Jan 20, 1939
I last saw h~~er~~ alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 11:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus	1936

Other contributory causes of importance:

Name of operation Hysterectomy Date of 4-19-37
What test confirmed diagnosis? Tissue Exam 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
If so, specify
(Signed) Vincent Hammond, M. D.
(Address) 3101 a Sutton Ave Maplewood Mo

(Licensed Embalmer's Statement on Reverse Side)

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 H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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