

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4417
Do not use this space.

MAR 13 1939

791
1003

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City St. Louis
(d) Street No. Homer Phillips Hospital St.
(e) Length of residence in city or town where death occurred 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.
Primary Registration District No. Registered No. 1110

2. PRINT FULL NAME Sam Collins

(a) Residence, No. 1011 Ohio St. 22
(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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
39 6 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. General Work
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) Mississippi
(STATE OR COUNTRY)

13. NAME Samuel Collins

14. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

15. MAIDEN NAME Elizabeth Bittman

16. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Feb 4 1939

19. FUNERAL DIRECTOR (NAME) A. L. BEAL
(ADDRESS) 2426 Lucas Ave.

20. FILED PEB 3 1939
J. D. Brudeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1939, to Jan. 31, 1939.

I last saw him alive on Jan. 31, 1939 Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia - right - type IV Date of onset 1/30/39

Other contributory causes of importance

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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.....
(Signed) J. D. Brudeck, M. D.
(Address) 2601 N Whittier

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.

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 S. J. Watson
Licensed Embalmer No. 2698
P. O. Address 2769 Chouteau

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.