

APR 12 1939

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

8874
Do not use this space.

I. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... 1 Primary Registration District No..... 1003
(c) City or Town..... St. Louis (d) Street No. 6219 Oleatha
(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.

2. PRINT FULL NAME John Patrick Collins

(a) Residence, No. 6219 Oleatha St. 14 (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 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 Elizabeth M. Collins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
74 11 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman for Sathern Dist. Laclede Gas Co.
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) New York, N. Y. (STATE OR COUNTRY)

13. NAME Cornelius Collins

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

15. MAIDEN NAME Margaret McAuliff

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

17. INFORMANT Elizabeth Collins (ADDRESS) 6219 Oleatha St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Mar. 22, 1939

19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway

20. FILED J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 19, 1939

I HEREBY CERTIFY That I attended deceased from Mar. 5, 1939, to March 19, 1939

I last saw him alive on March 18, 1939. Death is said to have occurred on the date stated above, at 6:20 a.m.

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

Chronic myocardial degeneration

Date of onset

Other contributory causes of importance:

Chronic nephritis

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) Arthur H. South, M. D.

(Address) 4045 So Grand

WHILE PRINTED, WITH UPWARD INVERTED, 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.

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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.....

Robert Crohler

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Robert Crohler

Licensed Embalmer No. *2128*

P. O. Address *St. Louis, Mo.*

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.