APR 21 1939

REC'D MAY 11 1939

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

16154
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.

1. PLACE OF DEATH
(a) County St. Louis, 2 Registration District No. 784
(b) Township Primary Registration District No. 115 Registered No. 721
(c) or City University City (d) Street No. 559 Melville 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.
45

2. PRINT FULL NAME Alice Owens Collins
(a) Residence, No. #559 Melville Ave. St. (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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Capt John W. Collins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1850.
7. AGE YEARS 88. MONTHS 5. DAYS 25. If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

FATHER
13. NAME Elias S. Owens
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Owensboro, Ky.

MOTHER
15. MAIDEN NAME Sidney Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

17. INFORMANT (ADDRESS) Claire O. Kennett #6323 Westminster
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crem DATE April 22, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. LUPTON & SONS, INC. #7233 Delmar Blvd.
20. FILED APR 7, 1939 T. R. Mayer M. D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1935, to April 21, 1939
I last saw her alive on April 20, 1939 Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary artery Thrombosis	3 weeks
94 b	
Other contributory causes of importance: Arterio-sclerosis	before 1935

Name of operation none Date of
What test confirmed diagnosis? Phys. signs Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Joseph Davie M. D.
(Address) Century Bldg

(Licensed Embalmer's Statement on Reverse Side)

Country Bldg
Bay-1276
Hrs. 2-5 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St Louis, Mo

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

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