

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.

JAN 12 1940 791

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 11063

1. PLACE OF DEATH: 2000
 (a) County 2
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 823rd Mound
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State MO. (b) County 26
 (c) City or town St. Louis, MO.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 823rd Mound
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Infant Collins 452
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec day 7
 year 1939 hour 7 minute 30 A. M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race Cold 6. (a) Single, widowed, married, divorced _____
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____
 alive _____ years
 7. Birth date of deceased 12 - 7 / 39
 (Month) (Day) (Year)

that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Stillborn Duration _____
 Due to Rhes
 Due to _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.

Other conditions none
 (Include pregnancy within 3 months of death)
 Major findings: Of operations _____ Of autopsy _____

9. Birthplace St. Louis (City, town, or county) MO (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

10. Usual occupation _____

MOTHER FATHER
 11. Industry or business _____
 12. Name unknown 9
 13. Birthplace unknown
 (City, town, or county) (State of foreign country)
 14. Maiden name Cornie Collins
 15. Birthplace Ark.
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Cornie Collins
 (b) Address 823rd Mound St. Louis MO
 17. (a) _____ (b) Date thereof DEC 27 1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CITY CEMETERY

22. Signature J. F. [unclear] (M. D. or other) _____
 Address 2736 Chautau Date signed _____

18. (a) Signature of funeral director Ira Hamilton
 (b) Address City Health Dept.
 19. (a) DEC 27 1939 (Date received for local registration) J. F. [unclear] (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.