

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 706
Registrar's No. 706

Registration District No. 7911 Primary Registration District No. 1003

1. PLACE OF DEATH: **FILED FEB 17 1940**
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 33 minutes
(Specify whether
In this community 33 minutes
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County X
(c) City or town St. Louis 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3402 North Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Baby Collins
(b) If veteran, name war X
(c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 2,
year 1940 hour 10:45 minute A. M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced X
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased January 2, 1940
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 2, 1940 to January 2, 1940;
that I last saw her alive on January 2, 1940;
and that death occurred on the date and hour stated above.

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

Immediate cause of death
Anencephalic Monstrous Prematurity
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation X
11. Industry or business X

MOTHER FATHER
12. Name Henry Collins
13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lydia Beeman
15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Ann Morrison
(b) Address City Hospital, #1

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? _____

17. (a) Cremation (b) Date thereof 1-26-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Hospital, #1

While at work? (Specify type of place) _____
(e) Means of injury _____

18. (a) Signature of funeral director W. A. White
(b) Address City Hospital #1
19. (a) JAN 24 1940 (b) J. B. Bredich
(Date received and registered) (Registrar's signature)

23. Signature H. B. White (M. D. or other) _____
Address 1515 Lafayette Date signed 1/3/40

I 419511 MADE IN BRITAIN USE CAREFUL DESIGN MARK 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.

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.