

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19577

Registration District No. 784

Primary Registration District No. 115

Registrar's No. 924

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town W.C. City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7048 Raymond Ave
(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:

(a) State Missouri (b) County St. Louis
(c) City or town W.C. City
(If outside city or town limits, write "RURAL")
(d) Street No. 7048 Raymond Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Virginia Marie Collins 452

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John J. Collins 6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased Feb 1 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>10</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles Burchichter
18. Birthplace Carlisle Illinois
14. Maiden name Margaret Kiefer
15. Birthplace Olney Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr John J. Collins

(b) Address 7048 Raymond Ave

17. (a) Burial (b) Date thereof 5/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) MAY 12 1940 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1940 hour 11 minute 55a

21. I hereby certify that I attended the deceased from Sept 20/1939
to May 11/1940
that I last saw h. er alive on May 10/1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease
Stomach & large intestine Duration 5 1/2/40

Due to Arterio Sclerosis

Due to Nephritis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 131

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

22. If death was due to external causes, fill in the following: no

(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? _____

23. Signature [Signature] (Specify type of place) _____
While at work? _____ (b) Means of injury _____
Address [Address] Date signed 5/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Dr. Wade
1-4-Mo Theater Bldg.

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

Sheldon Callier

Licensed Embalmer No.

3382

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.