

No. 2  
13-40  
17-39  
X2315

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 86  
Registrar's No. 86

Registration District No. 791 Primary Registration District No. 1003

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

3. (a) PRINT FULL NAME ELIZABETH COLLWELL  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife ? Collwell 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased about 1885  
(Month) (Day) (Year)

8. AGE: Years about 55 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife  
11. Industry or business at home

MOTHER FATHER { 12. Name Peter McCann  
13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Kennedy  
15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Peter McCann  
(b) Address 4911 Union Ave.

17. (a) Burial (b) Date thereof Jan 6th/41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thorndike & Don  
(b) Address 2906 Gravois Ave.  
19. (a) JAN 6 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis 717  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4911 N Union Ave. 9  
(If rural, give location)

(e) If foreign born (how long in U.S.) \_\_\_\_\_ years  
Dr. [Signature]  
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3  
year 1941 5:15 P.M. 307 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial infarction  
with  
hypertension  
Due to hypertension  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 57.6

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 3  
23. Signature J. F. Brudick Coroner  
Address \_\_\_\_\_ (M.D. or other)  
Date signed \_\_\_\_\_

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

**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.....

*Leo Budde*

Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*Leo Budde*

Licensed Embalmer No. ....

*3989*

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, fact should be so stated above.**