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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 9018

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2428

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

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 25 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000

(c) City or town St. Louis 1117
(If outside city or town limits, write "RURAL")

(d) Street No. 4217 W. Belle Pl. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Wash Collins

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife COSTILLA COLLINS

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased 12 (Month) 25 (Day) 1870 (Year)

8. AGE: Years 70 Months 2 Days 18 If less than one day hr. min.

9. Birthplace STARKSVILLE / MISS. (City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business UNEMPLOYED

MOTHER FATHER

12. Name JIM COLLINS

13. Birthplace OSTIBBITHA / MISS (City, town, or county) (State or foreign country)

14. Maiden name ANNA DAWN

15. Birthplace / MISS (City, town, or county) (State or foreign country)

16. (a) Informant COSTILLA COLLINS

(b) Address 4217 W. BELL AVE.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 3 (Month) 18 (Day) 1941 (Year)

(c) Place: burial or cremation STARKSVILLE MISS

18. (a) Signature of funeral director G. W. Bruce

(b) Address 1003 N. Garrison

19. (a) MAR 17 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 13th year 1941 hour 12:23 minute A. M.

21. I hereby certify that I attended the deceased from March 6, 1941, to March 13, 1941; that I last saw him alive on March 13, 1941 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Hypertensive Heart Disease | Prob. 5 yrs. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)

Address 2801 N. Whittier St. Date signed 3-13-41

(Licensed Embalmer's Statement on Reverse Side)

## 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 William C. McDowell, Registered Apprentice No. ____, working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2117

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, fact should be so stated above.**