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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16267

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3785

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

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17
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1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL
(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: 999

(a) State Illinois (b) County N.R. 11 0

(c) City or town Harris
(If outside city or town limits, write "RURAL")

(d) Street No. 322 So. Beard St
(If rural, give location)

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

3. (a) PRINT FULL NAME Donald Collier

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Mabel Collier

6. (c) Age of husband or wife if alive abt 36 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: 38 Years About ~~38~~ | Months | Days | If less than one day hr. min.

9. Birthplace Paris, Ill
(City, ~~town, or county~~) (State ~~or foreign country~~)

10. Usual occupation Welder

11. Industry or business Coal Mines

FATHER
12. Name unknown
13. Birthplace unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Collier
(b) Address Harris, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-3-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Edgar 5/5/41

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Av

19. (a) MAY 3 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2
year 1941 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from May 2, 1941, to May, 19 ;
that I last saw her alive on May 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death ~~[illegible]~~

Due to Brain Tumor Malignant

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Brain tumor

Of autopsy not permitted

Duration

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 H. R. Bierman, M.D. (M. D. or other)
Address BARNES HOSPITAL Date signed

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

No Embalm

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.