

No. 2  
-1-4-41  
5-17-39  
I X25390

FILED AUG 28 1947 91  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

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:  
**Mo. Pacific 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) **0**

3. (a) PRINT FULL NAME **John P. Collins**  
3. (b) If veteran, name war **No.** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **July 31 1862**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 11 20** hr. min.

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

10. Usual occupation **Retired Locomotive Eng.**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Thomas Collins**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Ellen Ward**  
15. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Wagner**  
(b) Address **1521 N. 42nd. St.**

17. (a) **Removal** (b) Date thereof **7/21/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **East St. Louis, Ill.**

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

19. (a) **JUL 21 1941** (b) **J. Brebeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Illinois** (b) County **St. Clair**  
(c) City or town **East St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1521 N. 42nd. St.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **20** 19**41** hour **5** minute **5** M.  
21. I hereby certify that I attended the deceased from **7-11** 19**41** to **7-20** 19**41**  
and that death occurred on the date and hour stated above.

that I last saw him alive on **7-11-41** 19**41**  
Immediate cause of death **Coronary arteriosclerosis** Duration \_\_\_\_\_  
Due to **Hypertension** **61**  
Due to \_\_\_\_\_

Other conditions **Arteriosclerosis of the heart**  
(Include pregnancy within 3 months of death) **multifocal**

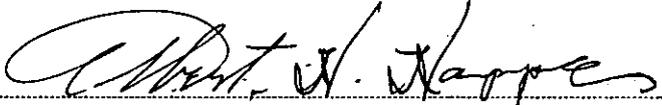
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 **Henry S. Cron** (M. D. or other) **0**  
Address **Mo. Pacific Hosp.** Date signed **7-20**

**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. 1861.....

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.**