

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26110

FILED AUG 8 1941

Registration District No. 101

Primary Registration District No. 101

Registrar's No. 1514

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
(Specify whether)

In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 3340 Calvert Ave.
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rose Elizabeth Collins

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Martin Collins

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased Sept. 12 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>07</u>	<u>10</u>	<u>7</u> hr. _____ min.

9. Birthplace Unknown Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation nil.

11. Industry or business _____

MOTHER FATHER { 12. Name James Kenroy

13. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Finerty

15. Birthplace unknown Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Hollmann

(b) Address 3321 Midway

17. (a) Burial (b) Date thereof 7-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Several places

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindsell Bldg

19. (a) JUL 21 1941 (b) DR. Mages M.D. DPH
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19
year 1941 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-8-41
19____ to 7-19-41 19____;

that I last saw h. er alive on 7-19-41
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 24 hrs.

Due to 180°

Due to 19

Other conditions Fracture of left hip 12 da
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis

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) Accident 376

(b) Date of occurrence 7-8-41

(c) Where did injury occur? In Home, 3340 Calvert, Overland
(City of town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature H. L. Tomlinson (M. D. or other) _____

Address Co. 2nd Date signed _____

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

MAY 25 1949

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.