S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11914

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 795

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One day. (Specify whether
In this community Unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) ~~County~~ St. Louis 000 17
(c) City or town (City)
(If outside city or town limits, write "RURAL")
(d) Street No. 2901 Dickson Str. 9
(If rural, give location)
(e) Citizen of foreign country? No. / (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME COLLINS, Abbott

3. (b) If veteran, name war World #-1 3. (c) Social Security No. None.

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married / common-law

6. (b) Name of husband or wife Emma Collins 6. (c) Age of husband or wife if alive Unknown. years

7. Birth date of deceased Aug. (Month) Unknown. (Day) 1896 (Year)

8. AGE: Years 45 Months 8 Days unknown. If less than one day hr. min.

9. Birthplace Kemper Co. (City, town, or county) / Mississippi (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Federal Barge Co.

FATHER
12. Name Ora Collins
13. Birthplace Mississippi. (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Maria RENTCHER
15. Birthplace Mississippi. (City, town, or county) / (State or foreign country)

16. (a) Informant Government Records.
(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 -9 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Cem

18. (a) Signature of funeral director J. L. Beallund Co
(b) Address 2726 Lucas Ave

19. (a) APR - 8 1942 (Date received local registrar) (b) E. G. McGarrow M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1942 hour 1:00 minute 50 P. M.

21. I hereby certify that I attended the deceased from 4-4-42, 19, to 4-4-42, 19; that I last saw him alive on 4-4-42, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary arteriosclerotic heart disease, myocardial damage and myocardial insufficiency.	Unknown
XXXX AND Nephritis, chr. with uremia, no edema.	
XXXXX	Unknown.

Other conditions -
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operation. 13/6
Of autopsy No 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) no
(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 R. W. GOOD, M.D., (M. D. or other)
Address Acting Chief Medical Officer Date signed 4/4/42

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(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.

Signed Arthur R. Hellard

Licensed Embalmer No. 4221

P. O. Address 2649a Delmar B

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.