

FILED OCT 2 1942

Registration District No. _____ Primary Registration District No. **1003**

36

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

1. PLACE OF DEATH: **St Louis Mo,**
 (a) County **St Louis Mo.**
 (b) City or town **St Louis Mo.**
 (c) Name of hospital or institution: **4120 W Lexington**
 (If outside city or town limits, write "RURAL" and name of township)
 (If in hospital or institution, give street number and location)
 Length of stay: In hospital or institution _____ (Specify whether years, months or days)

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased: **October 2nd 1878**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **0** Days **4** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Patrick Collins**

13. Birthplace **Ireland** 4
 (City, town, or county) (State or foreign country)

14. Maiden name **Mary Sayers**

15. Birthplace **Ireland** 4
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Charles English**

(b) Address **4120 W Lexington Ave**

17. (a) **Burial** (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem.**

18. (a) Signature of funeral director **Sullivan**
2849 N Euclid

(b) Address _____

19. (a) **OCT 7 1942** (b) **J.F. Beedeck**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**
 (a) State **Missouri** (b) County **17**
 (c) City or town **St Louis.** **910**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4120 W Lexington ave**
 (If rural, give location)
 (e) **No attending Physician** years _____
 If foreign born, how long in U. S. A. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **10** day **6**
 year **1942** hour **12** minute **32** P. M.

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

Immediate cause of death: **Coronary Thrombosis**
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations **PH**
 Of autopsy _____
 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? _____

While at work _____ (Specify type of place)
 _____ (Specify means of injury)
 23. Signature **Walter Perry** (M. D. or other) _____
 Address _____ Date signed **10/7/42**

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

Albert Mayfield
.....
Licensed Embalmer No. *13077*
.....

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.