

FILED NOV 23 1942 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 9589

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)
 In this community 24 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2220a Chestnut St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Cornelia Collier

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widowed

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

7. Birth date of deceased: 8 (Month) 8 (Day) 1864 (Year)

8. AGE: Years 78 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Brownville, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Agent

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew Clayborne

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

14. Maiden name Caroline Taylor

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

16. (a) Informant Carma Lee Robinson

(b) Address 2220 a Chestnut St.

17. (a) Burial (b) Date thereof 11/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Mary Wade
4202 Finney Ave

(b) NOV 17 1942 (c) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13, year 1942 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from November 11, 1942, to November 13, 1942; that I last saw her alive on November 13, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertension and Arteriosclerosis Duration Unknown

Due to _____

Due to 97

Other conditions: _____
(Include pregnancy within 3 months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. E. Smith (M. D. or other) _____
 Address 2601 W. 11th St. Date signed 11/17/42

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

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.....

S. J. Watson

Licensed Embalmer No.

2698

P. O. Address.....

2769 Chouteau

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.