

11993

State File No. 2816Registrar's No. 19

2816

S. No. 2  
-11-10-39  
5-17-39  
I X 17DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHD APR 19 1948  
Registration District No. 18Primary Registration District No. 1003

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

## 1. PLACE OF DEATH:

(a) County. St. Louis mo.  
 (b) City or town. St. Louis mo.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: St. Marys Infirmary  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 14 mos.  
 (Specify whether years, months or days) 71 yrs.

8. (a) PRINT FULL NAME Josephine Collins8. (b) If veteran, name war NO 8. (c) Social Security No. NONE4. Sex Female 5. Color or race C 6. (a) Single, widowed, married, divorced WIDOW6. (b) Name of husband or wife James Collins 6. (c) Age of husband or wife if alive 22 years7. Birth date of deceased 6 22 1872  
(Month) (Day) (Year)8. AGE: Years 70 Months 9 Days 22 If less than one day hr. min.9. Birthplace St. Louis mo.  
(City, town, or county) (State or foreign country)10. Usual occupation House maid11. Industry or business Home12. Name Sam Cabany18. Birthplace Virginia  
(City, town, or county) (State or foreign country)14. Maiden name Nancy Cabany15. Birthplace unknown  
(City, town, or county) (State or foreign country)16. (a) Informant Josephine Thompson(b) Address Calvary 3707 Pine St.17. (a) Burial (b) Date thereof 3 / 25 / 43  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary18. (a) Signature of funeral director D. W. Holmes(b) Address 2829 Washington19. (a) MAR 21 1948 (b) J. P. Prebeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3703 W. Pine St.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. 2 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1943 hour 12 minute 15 A.M.21. I hereby certify that I attended the deceased from November  
1942 to March 22, 1943that I last saw her alive on March 22, 1943  
and that death occurred on the date and hour stated above.Immediate cause of death My pertussis  
Cardiovascular disease 5 Mos  
Debridement, lungs, heartDue to Generalized Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 9/2

Major findings: Of operations

Of autopsy

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 SE Major (M. D. or other) \_\_\_\_\_  
Address 809 N. Jefferson Date signed 3-24-43

**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 Oliver J. Holmes

Licensed Embalmer No. 4190

P. O. Address 2829 Washington

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, above space should be left blank.