

S. No. 2
M-2-43
5-17-39
I X3589

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22874

State File No.

6517

FILED JUL 31 1943

318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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 mos. 12 days
In this community 41 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 17
(d) Street No. 4321 Kennerly Avenue (If rural, give location) 9 11
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME

Frankie Collins

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 None 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased February 12, 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 7 hr. min.

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

10. Usual occupation Laundress

11. Industry or business

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Elle Smith
(b) Address 4319 Kennerly

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7 20 43 (Month) (Day) (Year)
(c) Place: burial or cremation Wash. Park

18. (a) Signature of funeral director Boyer Bros
(b) Address 3704 Fisher

19. (a) JUL 19 1943 (Date received local registrar) (b) J. F. Prudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19, year 1943 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from May 7, 1943, to July 19, 1943; that I last saw him br alive on July 19, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Rectum--Autopsy
Pulmonary Edema--Autopsy
Nephrosclerosis--Autopsy Unk.
Due to

Due to H/O

Other conditions (Include pregnancy within 3 months of death)

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 D

23. Signature G. M. Jackson (M. D. or other) Address 261 W. ... Date signed 2/19/43

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

MOTHER FATHER

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 me

Embalsmery

Registered Apprentice No. _____

working under my personal supervision.

E. Boyd

Signed _____

Licensed Embalmer No. _____

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.