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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1943

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. ✓

Registration District No. 818 — Primary Registration District No. 1003 — Registrar's No. 9543

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

1. PLACE OF DEATH:

(a) County
(b) City or town: St. Louis, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1229 Victor St. / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community: Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 17
(c) City or town: St. Louis, (If outside city or town limits, write "RURAL") 993
(d) Street No.: 1229 Victor St. (If rural, give location)
(e) Citizen of foreign country? -- (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Helen Collins

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

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Amos Collins
6. (c) Age of husband or wife if alive: 36 years
7. Birth date of deceased: February (Month) 12, (Day) 1917 (Year)

8. AGE: Years 26 | Months 8 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace: Poplar Bluff, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
12. FATHER Name: Oscar Shoultz
13. FATHER Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Ona Dare
15. MOTHER Birthplace: Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant: Amos Collins
(b) Address: 1229 Victor Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10 31 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Poplar Bluff, Mo. By Rail
18. (a) Signature of funeral director: Hacker-Hilderbrand Und. Co.
(b) Address: 3634 Gravois Ave.
19. (a) OCT 30 1943 (Date received local registrar) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28 year 1943 hour 100 minute 00 P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Sudden Coronary Passing off while admitted at St Louis 1229 Victor Oct 28 1943 about 10:30 AM — Duration

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 163

Major findings:
Of operations:
Of autopsy: 3

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): Suicide
(b) Date of occurrence: Oct 28 1943
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? No (e) Means of injury: Jump off Florissant
23. Signature: Alfred Perry (M.D. or other)
Address: Deputy Coroner Date signed 10/30/43

(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 Robert C. Wheeler

Licensed Embalmer No. 2128

P. O. Address St. Louis Mo

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.