

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6214 Berthold Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6214 Berthold Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Nora M. Collins

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced 2 W.

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

7. Birth date of deceased AUG. 20, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>?</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business Bartholomew Fahey

12. Name Ireland

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

14. Maiden name Ireland

15. Birthplace Mr. David F. Collins
(City, town, or county) (State or foreign country)

16. (a) Informant 6214 Berthold Ave.

(b) Address Burial (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Novelle
(b) Address 3840 Lindeal Blvd.

19. (a) OCT 29 1943 (Date received local registrar) J. J. Brinded (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th.
year 1943 hour 11 minute a. M.

21. I hereby certify that I attended the deceased from Oct 21, 1943
to Oct 27, 1943
that I last saw her alive on Oct 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Duration _____

Due to _____
Due to _____

Other conditions Chronic Nephritis
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None
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? _____

White at work? _____ (Specify type of place)
(or) Means of injury _____
23. Signature Walter R. Hewitt (M. D. or other) 10/29/43
Address 7649 Delmar Date signed

Dr. Walter R. Hewitt
7649 Delmar Blvd. 2-4

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address. 3840 Lindell

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.