

S. No. 2
M-2-43
5-17-39
P1 X39697

39645

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 4 1943 18

1003

11714

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
 (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:
Park Lane Hospital 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
17
97

(a) State..... Missouri (b) County.....
 (c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No..... 5029 Genevieve ave
(If rural, give location)
 (e) Citizen of foreign country?.....
If yes, name country.....

3. (a) PRINT FULL NAME..... THOMAS COLLINS.

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

4. Sex..... Male 5. Color or Race..... W 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Amanda Moellenbrock 6. (c) Age of husband or wife if alive..... 54 years

7. Birth date of deceased..... 6-25-1883
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec day..... 25th
 year..... 1943 hour..... 7. minute..... 30 P. M.

21. I hereby certify that I attended the deceased from..... DEC 22
 1943 to..... DEC 25, 1943
 that I last saw him alive on..... DEC 25, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

60	6	0hr.min.
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Immense Cause of death.....
 Due to.....
 Due to.....

9. Birthplace..... St. Louis Mo.
(City, town, or county) (State or foreign country)

Other conditions.....
(Include pregnancy within 3 months of death)

10. Usual occupation..... Chauffeur

11. Industry or business..... City of St. Louis

Major findings:
 Of operations.....
 Of autopsy.....

MOTHER FATHER

12. Name..... Thomas Collins

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

14. Maiden name..... Mary Collins

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

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?.....

16. (a) Informant..... Mrs Amanda Collins
 (b) Address..... 5029 Gehevieve

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof..... 12/28/43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary Cem.

18. (a) Signature of funeral director..... Sullivan Bro's
 (b) Address..... DEC 27 1943 Euclid ave

19. (a).....
(Date received local registrar) (b).....
(Registrar's signature)

23. Signature.....
(M. D. or other)
 Address..... Date signed.....

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 Albert Mayfield
Licensed Embalmer No. 3077
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.