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FILED APR 13 1944

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3075**

**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:  
**4967 ODELL STR.**  
(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:**

(a) State **Mo** (b) County \_\_\_\_\_

(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")

(d) Street No. **4967 Odell Str**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **JOHN JACKSON COLLINS**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Mar** day **30**  
year **1944** hour **5** minute **35 P.**

**21. I hereby certify that I attended the deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex **MALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **RUTH COLLINS**

6. (c) Age of husband or wife if alive **43** years

7. Birth date of deceased **SEPT 11 1900**  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

**8. AGE:** Years **43** Months **6** Days **19**  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to **Chronic Myocarditis**  
**Coronary Arteriosclerosis**

Due to **93**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

10. Usual occupation **INSPECTOR**

11. Industry or business **AMERTROP Co.**

12. Name **JOHN J. COLLINS**

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

14. Maiden name **MARY WHITE**

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

16. (a) Informant **Mrs Ruth Collins**

(b) Address **4967 Odell St**

17. (a) **BURIAL** (b) Date thereof **APRIL 3-1944**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM**

18. (a) Signature of funeral director **F. Mullen Und Co**

(b) Address **516 S Delaware Bl**

19. (a) **APR 7 1944** (b) **J. F. Brideford**  
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury \_\_\_\_\_

23. Signatures: **Thomas F. Callahan** (M. D. or other) \_\_\_\_\_  
**Deputy Coroner** \_\_\_\_\_  
Address \_\_\_\_\_ Date **4-1-44**

Duration \_\_\_\_\_

**PHYSICIAN** \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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.....

*H. G. Farris*

Licensed Embalmer No.....

*3384*

P. O. Address.....

*St. Louis*

**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.**