S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 23 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 7583

Registrar's No. 2357

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:
3721 Connceticut St
(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. 3721 Connecticut St
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Alfretta M Collins

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J W Collins

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Nov (Month) 18 (Day) 1887 (Year)

8. AGE: Years 57 Months 3 Days 24 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business at Home

FATHER
12. Name John Branner
13. Birthplace Penn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margarett Hoga
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant J W Collins
(b) Address 3721 Connecticut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 14 (Day) 45 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) MAR 13 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1945 hour 6.26 AM minute M.

21. I hereby certify that I attended the deceased from 10/26, 1943, to 3/12, 1945
that I last saw her alive on 3/11/45, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Kidney failure Pulmonary Congestion	3 days
Due to Carcinoma of the Cervix	2-4 yrs.
Due to	
Other conditions Abdominal Carcinomatosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations Extensive Carcinomatosis of Pelvis
Of autopsy no

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. Herman Hutto (M. D. or other) M.D.
Address 105 Lister Bldg St Louis Mo Date signed 3/13/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hutto
Lister Bldg

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 Edwin D. Mc Dermott

Licensed Embalmer No. 3024

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.