

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39029**
Registrar's No. **10736**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County ~~Willie Mae Collins~~
(b) City or town **St. Louis Mo.**
(c) Name of hospital or institution: **St. Mary's Hosp. Infirmary**
(d) Length of stay: In hospital or institution **2 Weeks 3 Days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **000**
(c) City or town **St. Louis Mo**
(d) Street No. **2715A Franklin**
(e) Citizen of foreign country? (Yes or No) **0**

3. (a) PRINT FULL NAME **Willie Mae Collins**

20. DATE OF DEATH: Month **Dec.** day **6th**
year **1945** hour **11:30** minute **P.** M.

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

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.

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Divorced**

Immediate cause of death: **Cardiac Decomposition**
Diabetic Gangrene, Anesthesia
while undergoing an operation
Due to **at St. Mary's Hospital on**
Dec 6 at about 11:30 A.M.

6. (b) Name of husband or wife **Isaac Stewart** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **July 15 1916**

8. AGE:	Years	Months	Days	If less than one day
	29	5	6	hr. _____ min. _____

Due to **Operation for amputation of**
leg for gangrene.

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

Other conditions **leg for gangrene.**
Major findings of operations **6/1**
Of autopsy _____

10. Usual occupation **Cook**
11. Industry or business **William Stewart**
12. Name **William Stewart**
13. Birthplace **Miss.**
14. Maiden name **Alma**
15. Birthplace **Miss.**

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 **Mr. Isaac Stewart**
(b) Address **2715-Frankland**
17. (a) **Burial** (b) Date thereof **Dec. 13, 1945**
(c) Place: burial or cremation **Greenwood Dement & Son**

23. Signature **Alfred J. Perry** (M. D. or other) **3**
Address **Deputy Coroner** Date signed **12-10-45**

18. (a) Signature of funeral director _____
(b) Address **2629-Cole St.**
19. (a) **DEC 10 1945** (b) **J. J. Bredert** (Registrar's signature)

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

MOTHER FATHER

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. Claude Gordon*.....

Licensed Embalmer No..... *3489*.....

P. O. Address..... *4575 Albine*.....

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.