

FILED MAY 31 1946

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. 3854

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:
Deaconess Hosp
(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 96
(c) City or town St. Louis County
(If outside city or town limits, write "RURAL")
(d) Street No. 8129 Ellerton Ave
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bessie 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 Dale H 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July 15 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>9</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business at Home

MOTHER FATHER

12. Name James Allen

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

14. Maiden name Unknown Joerigen

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

16. (a) Informant Dale Collins
(b) Address 8129 Ellerton Ave

17. (a) Burial (b) Date thereof 4 29 46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kings Highway

19. (a) APR 29 1946 (b) J. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1946 hour 5 PM minute _____ M.

21. I hereby certify that I attended the deceased from July 1945 to April 26 1946
that I last saw her alive on April 26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the gastro-intestinal tract 2 yrs
Due to Carcinoma of liver Primary site

Other conditions (Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature J. Sterling MD (M. D. or other) _____
Address 7566 Manchester Date signed APR 29 1946

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

66
17
9

100002

Dr. J.A. Sterling
7266 Manchester Ave

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 O 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.