

S. No. 2
DM-5-43
v. 5-17-39
X 3687

FILED AUG 10 1946

Registration District No. Primary Registration District No. 1003

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

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:
City Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 4 days
(Specify whether)

In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4719 Washington Ave.
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME WELTON COLLIER

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

4. Sex Male 2 5. Color or race Colored

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

6. (b) Name of husband or wife Callie 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased October 4, 1870
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
year 1946 hour 1:00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from July 4,
1946 to August 9, 1946
that I last saw him alive on August 9, 1946
and that death occurred on the date and hour stated above.

8. AGE:

| Years | Months | Days | If less than one day |
|-----------|-----------|----------|----------------------|
| <u>75</u> | <u>10</u> | <u>5</u> | hr. min. |

Immediate cause of death.....
D. generative Cardio Nephritic Syndrome

Due to Senile Deterioration

Due to.....

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

10. Usual occupation Nil

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

Major findings:
Of operations.....

11. Industry or business.....

MOTHER FATHER { 12. Name Aaron Collier

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

14. Maiden name Ermaline Adams

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

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant City Infirmary Records

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 8-13-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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?.....

18. (a) Signature of funeral director: Chas. J. Gates
(b) Address 4107 Finney Ave

19. (a) AUG 10 1946 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

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

23. Signature Alvin Rouse Bowler (M. D.)
Address 5800 Arsenal Date signed 8-9-46

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


..... Licensed Embalmer No. **4259**.....

P. O. Address **4107 Finney Ave.**.....

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.