

**FILED** AUG 20 1946  
**318**

Registration District No. ....

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County **St. Louis Missouri**  
(b) City or town.....  
(c) Name of hospital or institution:  
**4007 Shreve Ave /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community **Life**  
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL") **717**  
(d) Street No. **4007 Shreve Ave**  
(If rural, give location) **9**  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... **0**

3. (a) PRINT FULL NAME **Nellie Griffin (Nee Collins)**

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

4. Sex **Female** 5. Color or race **White**  
6. (a) ~~SEX~~ widowed, ~~mar~~  
~~divorced~~ **W** **3**  
6. (b) Name of husband or wife **William**  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased **Dec 5th 1882**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**63** **7** **2 1/2** **10 hr. 25 min.**

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

10. Usual occupation **Housework**

11. Industry or business.....

MOTHER FATHER  
12. Name **John P Collins** **4**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Margaret** **0**  
15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bernard J A Griffin**  
(b) Address **4007 Shreve Ave**  
17. (a) **Burial** (b) Date thereof **Aug 7th-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **John J A Barrett**  
(b) Address **2819 Union Ave.**

19. (a) **AUG 6 1946** (b) **J. F. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **4th**  
year **1946** hour **10** minute **25** A. M.

21. I hereby certify that I attended the deceased from **March 13, 1946** to **August 3, 1946**  
that I last saw her alive on **August 3, 1946**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Acute Myocarditis** **3 days**

Due to **Chronic Interstitial Nephritis** **1 yr.**

Due to **Diabetes Mellitus** **2 yrs.**

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

Major findings: **61**  
Of operations.....  
Of autopsy.....  
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?.....

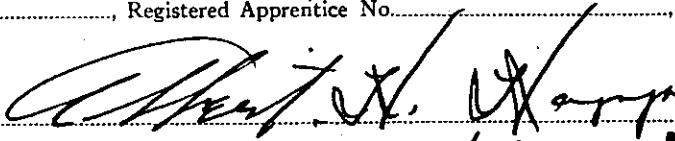
While at work?..... (Specify type of place)  
(e) Means of injury **0**  
23. Signature **Dolan** (M. D. Physician)  
Address **508 North Grand** Date **8/6/46**

**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.....

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

working under my personal supervision.

Signed .....

Licensed Embalmer No. 1861.....

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.**