No. 2
1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34745

FILED OCT 13 1948

Registration District No. 7

Primary Registration District No. 6141

Registrar's No. 89

1. PLACE OF DEATH:
(a) County: Shelby County
(b) City or town: Rural Jackson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis Co
(c) City or town: St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: 3118 Soulard 7th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Charles Fogg Collier
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Fanny Wood Collier
6. (c) Age of husband or wife if alive: 70 years
7. Birth date of deceased: Oct (Month) - 16 (Day) - 1873 (Year)

8. AGE: Years 74 | Months 11 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace: Shelby Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation: Retired Merchant
11. Industry or business:
MOTHER FATHER
12. Name: James William Collier
13. Birthplace: Shelby Co Mo (City, town, or county) (State or foreign country)
14. Maiden name: Margaret Fogg
15. Birthplace: Shelby Co Mo (City, town, or county) (State or foreign country)
16. (a) Informant: [illegible]
(b) Address: 1813 S. Broadway St Louis Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-6-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Shrubberry Mo
18. (a) Signature of funeral director: [illegible]
(b) Address: Shelbina Mo
19. (a) Oct 4-1948 (Date received local registrar) (b) Ruth Joyner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3rd year 1948 hour 1:00 minute ..... P.M.
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.

Immediate cause of death: Cardiac heart failure
Due to: Thrombosis of Coronary vessels
which resulted in Rupture of heart
Due to: Automobile driven by a friend and accompanied by wife of deceased.

Duration

Other conditions (Include pregnancy within 3 months of death): None

Major findings:
Operations: Request Should Unnecessary
Of autopsy:

PHYSICIAN
Underline the cause of 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: (Specify)
23. Signature: [illegible] (M. D. or other)
Address: Bethel Missouri Date signed: 10/3/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

FEB 8 1949

RECEIVED
District Health Officer No. 10
District File Number 10:48:
Date Filed OCT 1 1 1948

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 E Hayes

Licensed Embalmer No. 1437

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.