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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 12 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

34018
State File No. 9566
Registrar's No.

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(c) Name of hospital or institution: St. John Hospital
(d) Length of stay: _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Overland
(d) Street No. 2842 Wheaton Ave.
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME JOHN J. COLLINS
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 1
year 1948 hour 9.15 minute P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Nora Collins
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April ? 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 15 1948 to 9-15 1948
that I last saw him alive on 9-15 1948
and that death occurred on the date and hour stated above.

8. AGE: Years off-77 Months 6 Days ?
If less than one day hr. _____ min. _____

Immediate cause of death _____
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace Ireland
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

MOTHER FATHER { 11. Industry or business _____
12. Name John J. Collins Sr.
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Bridget Ceraney
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Paul Koenig ADM.
(b) Address 4 No. 8st. City
17. (a) Burial (b) Date thereof Nov. 5/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary 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 Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) NOV 3 1948 (b) J. B. Foster
(Data received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0
23. Signature Hubert Bedg (M. D. or other)
Address _____ Date signed 11-3-48

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

Dr. O.P. Falk,
3604 Washington Blvd.,
12-6 P.M.
JE.1800.

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 Me

....., Registered Apprentice No.

working under my personal supervision.

Signed

Etton R. H. Remelius

Licensed Embalmer No.

4283

P. O. Address

St. Louis, Mo.

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.