

FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics  
FILED NOV 12 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

34019  
State File No. 9356  
Registrar's No.

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: St. Johns Hospital  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 week  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME John T. Collins Sr.

3. (b) If veteran, name war World #1 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Ella 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased May 8, 1899  
 (Month) (Day) (Year)

8. AGE: Years 49 Months 5 Days 19 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Merchant

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Collins  
 13. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Bertie Wallers  
 15. Birthplace St. Louis Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant John T. Collins, Jr.

(b) Address 5001 N. Broadway

17. (a) Burial (b) Date thereof 10/30/48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) OCT 29 1948 (b) J. B. Lasater  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5001 N. Broadway  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27th  
 year 1948 hour 9:30 PM minute \_\_\_\_\_ M. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 22 Oct  
48, 1948, to 27 Oct, 1948  
 that I last saw him alive on 27 Oct, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death Gas bacillus infection  
 Due to Clostridium welchii  
Welchii

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: 24  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
 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) \_\_\_\_\_  
 (a) \_\_\_\_\_ (b) \_\_\_\_\_

23. Signature Thomas B. Duest (M. D. or other) M.D.  
 Address St. Johns Hosp Date signed 10/29 48

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

*mul*

*mul*

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**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 *Richard G. Burnley*  
Licensed Embalmer No. *43820*  
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.**