

FILED NOV 19 1948
Registration District No. **318**

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: State Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 3923 Juniata St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME: JOSEPH COLLIER

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Separated

6. (b) Name of husband or wife: Josephine 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: May 11 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27th
year 1948 hour 8:35 minute 7 P. M.

21. I hereby certify that I attended the deceased from Sept. 27
1948, 19. to Nov. 8, 19. 48
that I last saw him alive on _____, 19. _____;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 5 27 hr. _____ min.

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

10. Usual occupation: Nurse

11. Industry or business: State Hospital

MOTHER FATHER { 12. Name: William E. Collier

{ 13. Birthplace: Tenn. (City, town, or county) (State or foreign country)

{ 14. Maiden name: Mary Bowman

{ 15. Birthplace: Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. J. H. O'Neill
(b) Address: 3923 Juniata St.

17. (a) Removal (Mtr.) (b) Date thereof: 11-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Belle, Mo.

18. (a) Signature of funeral director: Kriegshauser Und. Co.
(b) Address: 4228 So. Kingshighway Bl.

19. (a) NOV 8 1948 (b) J. P. Laster
(Date received local registrar) (Registrar's signature)

Immediate cause of death _____

Due to Generalized Arteriosclerosis 9/27/48x

Due to Cerebral Arteriosclerosis

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

Major findings: 97
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: _____

23. Signature: L. Hoffmeyer (M. D. or other M.D.)
Address: 5400 Arsenal St. Date signed: 11/8/48

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 W. Stovesand
Licensed Embalmer No. 4007

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.