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FEDERAL BUREAU OF STATISTICS
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

41362
State File No. _____
Registrar's No. 11052

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: Missouri Pacific 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

3. (a) PRINT FULL NAME John Collins
3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Unk.
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 19 1886
(Month) (Day) (Year)

8. AGE: Years 62 Months 7 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Railroad Employee

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mo. Pacific Hospital Records
(b) Address St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-48
(Month) (Day) (Year)
(c) Place: burial or cremation Poplar Bluff, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 214700 Washington Blvd.

19. (a) _____ (Date received local registrar) (b) J. B. Laster (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carter
(c) City or town Fremont
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 19
year 1948 hour _____ minute _____ 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 1. Hemothorax. Duration _____
2. Punctured right lung,
3. Fracture of ribs when struck
Due to by a Missouri Pacific train
near Riverside, Jefferson County,
Missouri, about 10:30 a.m.,
December 17th, 1948.
Other conditions ACCIDENT
(Include pregnancy within 3 months of death)

Major findings: H.A. - 8
Of operations _____
Of autopsy 20
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) accident 50
(b) Date of occurrence Dec. 17, 1948
(c) Where the injury occurred? Riverside Jefferson County, Mo.
(City or town) (County) (State)
(d) Did the injury occur in or about home, on farm, in industrial place, in public place?
industrial
White at work? yes (Specify type of place) (e) Means of injury train
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed _____

FEB 2 1949

MAR 1 1949

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..... *Edmund R. Gadwell*

Licensed Embalmer No. *4027*

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.