

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42366**
Registrar's No. **11241**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 42366		Registrar's No. 11241					
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis Missouri				c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis							
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital				d. STREET ADDRESS (If rural, give location) 1436 N. Park Place									
3. NAME OF DECEASED a. (First) Clinton (Type or Print)			b. (Middle) M.			c. (Last) Collins			4. DATE OF DEATH (Month) (Day) (Year) Dec. 28 1949				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3-18-01		9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months 9 Days 10		IF UNDER 2 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Officer				10b. KIND OF BUSINESS OR INDUSTRY City of St. Louis		11. BIRTHPLACE (State or foreign country) St. Louis Missouri				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Matthew Collins				13b. MOTHER'S MAIDEN NAME Stella Collins				14. NAME OF HUSBAND OR WIFE Elizabeth Emberton Collins					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elizabeth Collins 1436 N. Park Place							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphemia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction								8 hrs.	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis, atherosclerosis								2 yrs.	
				DUE TO (c) _____									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Emphysema right								2 weeks	
19a. DATE OF OPERATION 12-22-49		19b. MAJOR FINDINGS OF OPERATION closed drainage tubes inserted with continuous drainage and relieved pressure symptoms										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) St. Louis				21d. (STATE) Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none								4201	
22. I hereby certify that I attended the deceased from 11-26, 1949 , to 12-28, 1949 , that I last saw the deceased alive on 12-28, 1949 , and that death occurred at 255 P. M. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) Edwin P. Reck, M.D.						23b. ADDRESS 462 So. Taylor, St. Louis Mo.				23c. DATE SIGNED 12-30-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-49		24c. NAME OF CEMETERY OR CREMATORY Calvary				24d. LOCATION (City, town, or county) (State) St. Louis Missouri					
DATE REC'D BY LOCAL REG. DEC 30 1949		REGISTRAR'S SIGNATURE J. B. Fasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thomas J. Finan 1519 So Grand							

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. W. B. Bumbley

Licensed Embalmer No. 9653

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.