

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34686

State File No. 8975

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
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 township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		2129			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4615 Westminster				d. STREET ADDRESS (If rural, give location) 4615 WESTMINSTER					
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) V.		c. (Last) COLLINS		4. DATE OF DEATH (Month) (Day) (Year) OCT. 22, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		8. DATE OF BIRTH Nov. 19 1862			
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Troy, Illinois /			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME unk. Bryant.		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE James S. Collins		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bert. Collins, Creve Coeur, Mo.					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS DUE TO (c) SENILITY II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH 3 YRS 10 YRS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
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? H22, 1					
22. I hereby certify that I attended the deceased from May 13, 1942 , to OCT. 22, 1950 , that I last saw the deceased alive on OCT. 21, 1950 and that death occurred at 5 A. m., from the causes and on the date stated above.									
23a. SIGNATURE James H. Cummings (Degree or title) M.D.				23b. ADDRESS 2424 N. Euclid		23c. DATE SIGNED 10/23/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 10-24-1950		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery		24d. LOCATION (City, town, or county) (State) Troy, Illinois			
DATE REC'D BY LOCAL REG. OCT 23 1950		REGISTRAR'S SIGNATURE J. B. Lanter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.					

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

Dr. Cummings
424 N. Euclid

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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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Melvin L. Kemper

Licensed Embalmer No. 4052

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.