

No. 300  
10.48

FILED OCT 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30626

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u>	c. LENGTH OF STAY (in this place) <u>8 MOS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH'S HILL INF. MO.</u>		d. STREET ADDRESS (If rural, give location) <u>4954 WASHINGTON AVE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>- H</u> c. (Last) <u>COLLINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 21 1951</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 18, 1888</u>
9. AGE (In years last birthday) <u>65</u> if under 1 year Months <u>8</u> Days <u>3</u>		10. BIRTHPLACE (State or foreign country) <u>OMAHA - NEBRASKA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED SEC Y</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ANTRIM LUMBER CO.</u>	
11. BIRTHPLACE (State or foreign country) <u>OMAHA - NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOHN COLLINS</u>		13b. MOTHER'S MAIDEN NAME <u>EDNA ANTRIM</u>	
14. NAME OF HUSBAND OR WIFE <u>?</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None 489-05-1003</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Bill R. ...</u>		ADDRESS <u>St. Joseph's Hill Inf. Co.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u> ANTECEDENT CAUSES DUE TO (b) <u>CEREBRAL ARTERIO-SCLEROSIS LACIDIA - VASCULAR DISEASE</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>42DK</u>	
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? _____			
22. I hereby certify that I attended the deceased from <u>2/12, 1951</u> , to <u>9/17, 1951</u> , that I last saw the deceased alive on <u>9/17, 1951</u> , and that death occurred at <u>1:35 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Marder</u>		23b. ADDRESS <u>NORMANDY 4323 RANDOLPH DRIVE - MO.</u>	
23c. DATE SIGNED <u>9/21/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9/24/51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sacred Heart Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Festus Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-29-51</u>		REGISTRAR'S SIGNATURE <u>Ruth Jirsa 438</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Drehman Harold</u>		ADDRESS <u>1905 1/2 Union Square</u>	

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

500  
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DATE RECEIVED 10-3-51  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

OCT 8 1951

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 *Warren A. Carver*

Licensed Embalmer No. *3534*

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.

*1905 No Union 6*