No. 300
10-48

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Reg. #ED 99509 MAR 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11318

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 539

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON BARRACKS, MO.
c. LENGTH OF STAY (in this place): 39 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: SANGAMON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
d. STREET ADDRESS (If rural, give location): 1409 SOUTH GLENWOOD AVENUE

3. NAME OF DECEASED (Type or Print)
a. (First): HAROLD
b. (Middle): C.
c. (Last): COLLISTER

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 27, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-7-82
9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AUDIT CLERK
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): PATTERSON, ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: ALFRED COLLISTER
13b. MOTHER'S MAIDEN NAME: EMLA STALLCUP
14. NAME OF HUSBAND OR WIFE: KATHERINE COLLISTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: VA HOSPITAL RECORDS, JEFF. BKS, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): BRONCHOPNEUMONIA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CARCINOMA, RIGHT LUNG
DUE TO (c): 163X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19- *, 19*52*, to* 2-27 *, 19*52 ~~XXXXXXXXXXXXXXXXXX~~ ~~XXXXXXXXXXXXXXXXXX~~ *, and that death occurred at* 9:05AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E.C. O'BRIEN, M.D.
23b. ADDRESS: VA HOSPITAL, JEFF. BKS, MO.
23c. DATE SIGNED: 2-27-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 5
24b. DATE: Feb/28, 1952
24c. NAME OF CEMETERY OR CREMATORY: CAMP BUTLER NATIONAL
24d. LOCATION (City, town, or county) (State): SPRINGFIELD, ILLINOIS

DATE REC'D BY LOCAL REG.: 2-28-52
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. HOFFMEISTER U&L COMPANY, 7814 S. Bdwy

(Licensed Embalmer's Statement on Reverse Side)

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed Linus C. Hoffmeister

Signed _____
Student Embalmer

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.