

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **17861**  
**4398**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> COUNTY <b>Madison</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Collinsville, Mo.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>305 East Church Street</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Maude</b>		b. (Middle) <b>May</b>		c. (Last) <b>Collier</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 11 52</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH (last birthday) (Month) (Day) (Year) <b>March 1, 1887 65 2 10</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Bell City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>J. D. Allen</b>		13b. MOTHER'S MAIDEN NAME <b>(Unknown)</b>		14. NAME OF HUSBAND OR WIFE <b>Richard Collier (deceased)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lillian Suarez</b> ADDRESS <b>305 E. Church Collinsville,</b>			
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) <b>Arterio-sclerotic Heart Disease with Healed Myocardial infarct</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Mural Thrombosis</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Thrombosis of inferior mesenteric</b>				11. INTERVAL BETWEEN ONSET AND DEATH <b>11.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>and femoral arteries.</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (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? <b>4200</b>			
22. I hereby certify that I attended the deceased from <b>5-9</b> 19 <b>52</b> to <b>5-11</b> 19 <b>52</b> , that I last saw the deceased alive on <b>5-11</b> 19 <b>52</b> , and that death occurred at <b>1:15 p.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>F. R. Bradley</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS _____		23c. DATE SIGNED <b>5-11-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removals</b>		24b. DATE <b>5/11/1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>East St. Louis, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>MAY 12 1952</b>		REGISTRAR'S SIGNATURE <b>Paul Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John Stasul</b> ADDRESS <b>1101 N. 9th St. E. St. Louis, Ill.</b>			

(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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John J. Kasel* .....

Licensed Embalmer No. *6855* .....

P. O. Address *East St. Louis* .....

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.