

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40082**
Registrar's No. **10235**

FILED DEC 2 1952

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

Registrar's No. **10235**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3440 Lucas Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS 27	
3. NAME OF DECEASED (Type or Print) a. (First) Ellis b. (Middle) c. (Last) Collier		4. DATE OF DEATH (Month) (Day) (Year) Nov. 5 1952	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Dec. 25, 1911
9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months 10 Days 10	IF UNDER 24 HRS. Hours 10 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Packing House	11. BIRTHPLACE (City and State or Foreign Country) Winston County, Mississippi	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frank Collier 9	13b. MOTHER'S MAIDEN NAME Lee Woods	14. NAME OF HUSBAND OR WIFE Anne Mae Collier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Herbert Collier ADDRESS 4565 Washington Blvd.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure ANTECEDENT CAUSES DUE TO (b) Chronic Pulmonary Disease Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5272	
22. I hereby certify that I attended the deceased from 10-18 , 1952 , to 11-5 , 1952 , that I last saw the deceased alive on 11-5 , 1952 and that death occurred at 1:35 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE Edward B. Williams (Degree or title)		23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 11-6-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 8, 1952	24c. NAME OF CEMETERY OR CREMATORY Hope Way Cemetery	24d. LOCATION (City, town, or county) (State) Louisville, Mississippi
DATE REC'D BY LOCAL REG. NOV 6 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE C. B. Roone ADDRESS 1221 N. Grand Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 101-5

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 Gupton D. Swain
Licensed Embalmer No. 4580

P. O. Address 1221st Grand

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.