

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11391

2134

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|---|---|--|---------------------------------------|--|---|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) <u>DOA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> | | 4442 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>8011 Bonhomme Ave.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ann</u> | | | b. (Middle) _____ | | c. (Last) <u>COLLINS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2 23 53</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 11, 1883</u> | | 9. AGE (In years last birthday) <u>70</u> | 10. MONTH <u>0</u> | 11. DAY <u>12</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Dr. Wm. M. Collins</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Clayton Dr. Wm. M. Collins, 8011 Bonhomme</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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs?</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 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? <u>4200</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>June 10 50</u> , to <u>present</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-21</u> , 19 <u>53</u> , and that death occurred at <u>12:30 PM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Robert C. Kingsland</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>31 North Brentwood Bl Clayton 5, Mo.</u> | | 23c. DATE SIGNED <u>2-23-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>2/26/53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>FEB 24 1953</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Popp, Inc. Kirkwood, Mo.</u> ADDRESS _____ | | | |

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 Felix D. Howard

Licensed Embalmer No. 3034

P. O. Address 1st Wood 23 me

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.