

STANDARD CERTIFICATE OF DEATH

6042

State File No.

BIRTH NO. FILED MAR 11 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1941

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 township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 4359</u>		d. STREET ADDRESS (If rural, give location) <u>7545 Milan Avenue</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shaw's Garden Greenhouse</u>										
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry Anthony Collins</u> b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>March 1, 1954</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 2/14/12</u>	8. DATE OF BIRTH <u>Sept. 3, 1875</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>5</u>	IF UNDER 24 HRS. Days <u>28</u>	Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Broker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Investments</u>		11. BIRTHPLACE (State or foreign country) <u>St. Jacobs, Illinois</u>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>John Collins</u>			13b. MOTHER'S MAIDEN NAME <u>Mathilda von Windegger</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Dickinson 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 ADDRESS <u>Ruth Collins, 7545 Milan Ave.</u>					
18. CAUSE OF DEATH Enter only one cause on line for (a), (b), and (c)		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating an underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u>								
		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>4201</u>						
22. I hereby certify that I attended the deceased from <u>3/1/54 10</u> , to <u>3/1/54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3/1/54</u> , 19 <u> </u> , and that death occurred at <u>11 A.</u> m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Charles C. Gaege</u>				(Degree or title) <u>M. D.</u>			23b. ADDRESS <u>2301 S. Kingshighway Bl.</u>		23c. DATE SIGNED <u>3/1/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/3/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>MAR 2 1954</u>		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ambruster Mortuary, 6633 Clayton Rd.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 31 1954

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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Ernest W. Spillers*
Licensed Embalmer No. *4080*

P. O. Address.....

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.