

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 18 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 531 Registrar's No. 255

1. PLACE OF DEATH a. COUNTY ST. LOUIS,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) UNIVERSITY CITY		c. CITY OR TOWN UNIVERSITY CITY	
c. LENGTH OF STAY (In this place) 5 YEARS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7048 RAYMOND AVE		e. STREET ADDRESS (If rural, give location) 7048 RAYMOND AVE	

3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) JOSEPH		c. (Last) COLLINS		4. DATE OF DEATH (Month) (Day) (Year) JAN, 27, 1954			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH MAY, 1, 1879		9. AGE (In years last birthday) 74 if UNDER 1 YEAR Months Days if UNDER 4 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED (letter carrier)			10b. KIND OF BUSINESS OR INDUSTRY S. LETTER CARRIER			11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME PATRICK COLLINS		13b. MOTHER'S MAIDEN NAME JOHANNA DONAVAN		14. NAME OF HUSBAND OR WIFE VIRGINIA COLLINS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. SPANISH AMERICAN		17. INFORMANT'S SIGNATURE OR NAME HARRIETTE BADALATO	
		16. SOCIAL SECURITY NO. NONE		ADDRESS 7048 RAYMOND AVE	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Lung		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES		DUE TO (b)			
		Morbid 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.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 163X YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept. 1952 to 1/27, 1954, that I last saw the deceased alive on 1/27, 1954, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Robert P. Stueck M.D. (Degree or title)		23b. ADDRESS 508 N. Grand Ave.		23c. DATE SIGNED 1/28/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1/30/54		24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	

DATE REC'D BY LOCAL REG. 1/28/54		REGISTRAR'S SIGNATURE Herbert B. Stueck M.D.		25. FUNERAL DIRECTOR'S SIGNATURE STROOT - CARROLL	
				ADDRESS 4600 NATURAL BRIDGE AVE	

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

Potter
Mrs. J. D. Potter
to the Rm

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.....
Signature of Student Embalmer

Signed *M. W. Ruetter*

Licensed Embalmer No. *486*

P. O. Address *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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.