

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 29 1954 STANDARD CERTIFICATE OF DEATH

State File No. **13304**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3740	
1. PLACE OF DEATH a. COUNTY St. Louis - Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 1 mo		c. CITY OR TOWN Madison		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hosp.				e. STREET ADDRESS (If rural, give location) 1029 Harris			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Lee c. (Last) Collins			4. DATE OF DEATH (Month) (Day) (Year) 4-25-54				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH 6-19-1898	
9. AGE (In years last birthday) 55			IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Ill Term RR		11. BIRTHPLACE (City and State or Foreign Country) Newton County Ark		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Pleas W Collins				
13b. MOTHER'S MAIDEN NAME Maggie Ann Monday			14. NAME OF HUSBAND OR WIFE Edith Collins				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert W McTroy Madison Ill			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction					INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES A. Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis heart					
		DUE TO (c) hypertension					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bradycardia					
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) 420.0			
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 3-28 , 19 54 , to 4-25 , 19 54 , that I last saw the deceased alive on 4-25 , 19 54 , and that death occurred at 10:05 pm. , from the causes and on the date stated above.							
23a. SIGNATURE Albert W McTroy			23b. ADDRESS Mo. Pac. Hosp.		23c. DATE SIGNED 4-26-54		
24a. BURIAL CREMATION (REMOVAL) (Specify) Madison		24b. DATE 4-26-1954	24c. NAME OF CEMETERY OR CREMATORY St. Johns Cem		24d. LOCATION (City, town, or county) (State) Granite City Illinois		
DATE REC'D BY LOCAL REG. APR 26 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Francis J. Fahy Madison Ill			

M.G.B. (Licensed Embalmer's Statement on Reverse Side)

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

MAY 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.....
Signature of Student Embalmer

Signed..... *Francis J. Lacey*

Licensed Embalmer No..... 279

P. O. Address *Madison*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.