

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44178**

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2912</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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>Clayton</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> <u>442</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8011a Bonhomme Ave.</u>				d. STREET ADDRESS (If rural, give location) <u>8011a Bonhomme Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>WILLIAM</u>		b. (Middle) <u>MCNUTT</u>		c. (Last) <u>COLLINS</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>December 16 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 29 1891</u>		9. AGE (in years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist (Retired)</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Franklin O. Collins</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane McNutt</u>		14. NAME OF HUSBAND OR WIFE <u>Ann Collins (Dec'd)</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>499-28-8438</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Batty Collins, 8011a 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ecleroderma</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) _____ 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>18 years</u>	
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?			
22. I hereby certify that I attended the deceased from <u>Feb 1952</u> to <u>Present</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 14</u> , 19 <u>54</u> , and that death occurred at <u>11:45 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert C. Hengstler MD</u>				23b. ADDRESS <u>31 North Brentwood Road Clayton 5, Mo</u>		23c. DATE SIGNED <u>12-17-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/20/54</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>12-18-54</u>		REGISTRAR'S SIGNATURE <u>Herbert E. Donke</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis H. Bopp Inc</u>		ADDRESS <u>Kirkwood</u>	

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

Fullard J. Byer

Licensed Embalmer No.

3042

P. O. Address

Clayton S. W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.