MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8769 61-034163 STATE FILE NUMBER

FILED OCT 13 1961

AMENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b years

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Lutheran Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 3625 Minnesota Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HILDA Middle BERTHA Last COLLINS

4. DATE OF DEATH Month September Day 19, Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Nov.1,1912

9. AGE (last birthday) 48 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Pocahontas, Missouri

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Paul T. Kranawetter

13b. MOTHER'S MAIDEN NAME Beulah Childs

14. NAME OF HUSBAND OR WIFE James B. Collins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

17. INFORMANT Address Mr. James B. Collins, 3625 Minnesota Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Brain Tumor c̄ associated — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) multiple gastric bleeding points — 2 wks.

DUE TO (c) 223x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/5, to 9/19 and last saw her alive on 9/19

Death occurred at 8:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph Berg MD

22b. ADDRESS 32038 Grand

22c. DATE SIGNED 9/20/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept.22,1961

23c. NAME OF CEMETERY OR CREMATORY Concordia Cemetery

23d. LOCATION (City, town, or county) St. Louis, (State) Missouri

24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc. 1936 St. Louis Ave.

25. DATE RECD. BY LOCAL REG. SEP 21 1961

26. REGISTRAR'S SIGNATURE Carl Smith. M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF Quesnel - Benign

DOCUMENT

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_____ Signed Homer H. Jirtz

Signature of Student Embalmer

Licensed Embalmer No. 3882

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.