S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20484

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5432

1. PLACE OF DEATH:

(a) County St Louis Mo.

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST Marys Infirmary 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days) 4 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Louis Mo. 6
(If outside city or town limits, write "RURAL")

(d) Street No. 3107 Delmar Blvd. 21
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Moses Powers Jr. 620

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race Col,

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife ---

6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased March (Month) 2 (Day) 1915 (Year)

8. AGE: Years 25 Months 3 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Hope Ark. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer 1

11. Industry or business

FATHER
12. Name Moses Powers Sr. 9
13. Birthplace Hope Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ballie Washington
(b) Address 3404 Delmar Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 (Month) 25 (Day) 40 (Year)
(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) JUN 24 1940 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1940 hour 4:00 minute P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction due to a band of adhesions as the result of

Due to a stabwound with knife in the hands of one Howard William Stringer

Due to Col., in self protection about 3:20 O'clock A.M., November 7, 1939

Other conditions at 919a N. Compton Ave.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 174

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Justifiable Homicide

(b) Date of occurrence 21 Nov. 7, 1939

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)

While at work? (e) Means of injury 5

23. Signature Joseph M. Lewis (M. D. or other)

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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~~ L. Boy

..., Registered Apprentice No. Myself.

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2,946

P. O. Address St. Louis M

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

If this body is not embalmed, above space should be left blank.