

No. 2
4-13-40
5-17-39
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9072
2482

State File No.

Registrar's No.

Registration District No. 7941

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 35 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William Powell

3. (b) If veteran, name war..... NO

3. (c) Social Security No. 333-01-7145

4. Sex male race White

5. Color or race..... White

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

6. (b) Name of husband or wife Mary Powell

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

7. Birth date of deceased Sept 2-1873
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>17</u> hr. min.

9. Birthplace..... Caseyville / Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Carpenter

11. Industry or business..... construction

12. Name..... William Powell

13. Birthplace..... England
(City, town, or county) (State or foreign country)

14. Maiden name..... Elizabeth White

15. Birthplace..... Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs Juanita Ogle

(b) Address..... Caseyville, Ills.

17. (a) removal (b) Date thereof Mar 19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Caseyville Ills.

18. (a) Signature of funeral director..... Geo M. Schaeffer

(b) Address..... Collinsville, Ills.

19. (a) MAR 19 1941 (b) J. W. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Illinois (b) County..... St Clair

(c) City or town..... Caseyville
(If outside city or town limits, write "RURAL")

(d) Street No. No Number Long Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19 year 1941 hour 4 minute 45 A M.

21. I hereby certify that I attended the deceased from.....
February 12, 1941, to March 19, 1941;
that I last saw him alive on March 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion & infarction

Due to Arteriosclerotic Heart Disease

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature..... W. Elward D. Rowland, M.D.
Address..... Date signed 3-19-41

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

MOTHER FATHER

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 me

working under my personal supervision.

Registered Apprentice No. _____

Signed

Geo M. Schuppel

Licensed Embalmer No. 1598

P. O. Address Collinsville

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