

REC'D JUL 6 1942  
791

State File No. \_\_\_\_\_  
Registrar's No. 5403

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 25 Min.  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 3221 Rutger Street  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Powell

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased 5 17 42  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

NB hr. 25 min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Chester Powell

13. Birthplace Mississippi 1  
(City, town, or county) (State or foreign country)

14. Maiden name Atlean Simmons

15. Birthplace Mississippi 1  
(City, town, or county) (State or foreign country)

16. (a) Informant father Mrs. Gerard, R.R. 4

(b) Address 2601 N. Whittier Street

17. (a) \_\_\_\_\_ (b) Date thereof JUN 25 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director J. F. Probert

(b) Address 2601 N. Whittier Street

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17  
year 42 hour 12 minute 45 M.

21. I hereby certify that I attended the deceased from 12:20 P.M.  
5 - 17 1942, to 12:45PM 5-17 1942  
that I last saw him alive on 5 - 17 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis Neonatorum Unknown  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other condition \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature D.S. Moore (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier St. Date signed 6-20-42

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

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17  
9

CITY CEMETERY

JUN 24 1942

J. F. Probert

841 (Licensed Embalmer's Statement on Reverse Side)

5075

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**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**