

FILED JUN 9 1944 318

Registration District No.

Primary Registration District No.

Registrar's No. 4925

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4581st No. Market
 (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

3. (a) PRINT FULL NAME

Baby Powell

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race Black 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 May 11 1944
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. 30 min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
 12. Name Henry Powell 9
 13. Birthplace _____ (City, town, or county) (State or foreign country)
 14. Maiden name Ruthie Lee Tucker
 15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Joseph Lee Tucker

(b) Address 4581st No. Market
Antoine's Bank (b) Date thereof 5/10/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washing Tr

18. (a) Signature of funeral director W. R. Tucker

(b) Address _____

19. (a) MAY 29 1944 (Date received local registrar) J. F. Br... (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Louis
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. 2631 Samble St
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1944 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurely
congenital debility

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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) _____ (c) Means of injury 3

23. Signature W. R. Tucker (M. D. or other) _____

Address Deputy Coroner Date signed 5/12/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....
....., 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.