V. S. No. 2
00M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 3 1945

Registration District No. ..... APR 20 '45 Primary Registration District No. 1003

State File No. 14672

Registrar's No. 3198

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2229 a Chestnut St. 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 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 010

(a) State Missouri (b) County 17

(c) City or town St. Louis 5 (If outside city or town limits, write "RURAL") 21

(d) Street No. 2229 a Chestnut St. (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EDWARD POWELL

3. (b) If veteran, name war Worlds war 1

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

4. Sex Male 9

5. Color or race Col.

6. (a) Single, widowed, married, divorced Married 1

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

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Sept. (Month) 10 (Day) 1889 (Year)

8. AGE: Years 55 Months 6 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation Laborer

11. Industry or business .....

FATHER
12. Name Edward Powell sr
13. Birthplace ..... (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ..... (State or foreign country) 9

16. (a) Informant Emma Vaughn

(b) Address 2229 a Chestnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 11-45 (Month) (Day) (Year)

(c) Place: burial or cremation National cem

18. (a) Signature of funeral director J. N. Hughes

(b) Address 2620 Lawton Blvd.

19. (a) APR 10 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 5 year 1945 hour 8 minute 40 A 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 Carisoma of Stomach

Due to 46

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) 1

(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 Patrick E. Taylor (M. D. or other)

Address ..... Date signed 4/6/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

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