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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

10954

State File No.

FILED MAR 30 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2674

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

9866

**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: Homer G Phillips O (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)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 000

(c) City or town 2226 Franklin Ave (If outside city or town limits, write "RURAL")

(d) Street No. St Louis (If rural, give location) 21

(e) Citizen of foreign country? (Yes or No) 9

If yes, name country O

**3. (a) PRINT FULL NAME** Georgia Powell alias L. V. Powell

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 2

5. Color or race Black

6. (a) Single, widowed, married, divorced Widow 4

6. (b) Name of husband or wife

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

7. Birth date of deceased Abt (Month) (Day) 1898 (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| Abt | 48 | | | hr. min. |

9. Birthplace (City, town, or county) Mo. O (State or foreign country)

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) O (State or foreign country)

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

16. (a) Informant Harvey Green
(b) Address 2226 Franklin Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemt.

18. (a) Signature of funeral director Peoples Und. Co.
(b) Address 3100 Franklin Ave.

19. (a) MAR 21 1946 (Date received in local registrar) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Mar day 15th year 1946 hour 5 minute 15 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.

| | Duration |
|---|---|
| Immediate cause of death Coronary Thrombosis | |
| Due to | |
| Due to | |
| Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred J Perry (M. D. or other)

Address Deputy Chron Date signed 3/21/46

(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.

No Embalm

Signed Jotie Pettus

Licensed Embalmer No. 4184

P. O. Address St Louis Mo.

**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.**