

Registration District No. 160

Primary Registration District No. 2029

Registrar's No. 21

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 7505 Michigan Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William E. Powderly

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Clara Ida 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 13 1892
(Month) (Day) (Year)

8. AGE: Years 54 Months 3 Days 28 If less than one day hr. _____ min. _____

9. Birthplace Monroe County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business Stupp Bro. St. Louis, Mo.

12. Name James Powderly

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

14. Maiden name Katherine Dwyer

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

16. (a) Informant La Verne Powderly

(b) Address St. Louis, Mo.

17. (a) May 14 1946 (b) Date thereof May 14 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Co. Mo.

18. (a) Signature of funeral director Arthur A. Polette
(b) Address Crystal City Mo.

19. (a) May 13 1946 (b) _____
(Date received local registrar) ((Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th
year 1946 hour 9:50 minute 0 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 Unknown
Body was taken from morgue in
Ref. of 2nd Ave. South of
Clarington (at Crystal City
Mo.

Due to _____

Due to Unknown

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) Unknown

(b) Date of occurrence Unknown

(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 J. B. Edwards (M. D. or other) Coroner
Address Order Hill, Mo. Date signed 5/11/46

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

15920

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 Gentry R. Salittle
Licensed Embalmer No. 3481
P. O. Address Crystal City, 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.