

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

1. PLACE OF DEATH:

(a) County JEFFERSON

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

(c) Name of hospital or institution:  
HIGHWAY 61-67 1/2 M. SOUTH OF MERRIMAC RIVER  
(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 JOHN POWLIEZOS

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. 500-18-4511

4. Sex M. O 5. Color or race W.

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

6. (b) Name of husband or wife SINGLE

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

7. Birth date of deceased JAN. 126, 1924  
(Month) (Day) (Year)

8. AGE: Years 22 Months 9 Days 18 If less than one day hr. min.

9. Birthplace CRYSTAL CITY Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation GLASS WORKER

11. Industry or business P

MOTHER FATHER

12. Name PETE POWLIEZOS

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

14. Maiden name HELEN MANLEY

15. Birthplace ST. LOUIS Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant GEO. POWLIEZOS

(b) Address 203 GEORGE ST. CRYSTAL CITY Mo.

17. (a) BURIAL (b) Date thereof NOV 16 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FESTUS CATH. CEM. FESTUS Mo.

18. (c) Signature of funeral director VIN VARD FUN. HOME

(b) Address FESTUS Mo.

19. (a) 11-14-46 (b) Phil J. Turk  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JEFFERSON

(c) City or town CRYSTAL CITY Mo.  
(If outside city or town limits, write "RURAL")

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

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 14<sup>th</sup>  
year 1946 hour..... minute..... 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 Verdict of Coroner  
By accident - in auto  
Reflection on Highway  
61-67. About 1/2 mile South  
of Merrimac River

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None

autopsy None

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) Accident - 50

(b) Date of occurrence Nov. 14<sup>th</sup> 1946

(c) Where did injury occur? Highway #61 & 67  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Illie Highway

While at work?.....  
(Specify type of place) (e) Means of injury Automobile

23. Signature T. B. Edwards (M. D. or other)  
Edgar Lee Date signed 11/14/46

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 2/18/46

FEB 25 1947

DEC 3 1946

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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..... *Arthur W. Heiligtag* .....  
Licensed Embalmer No. *3872A* .....  
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.