No. 300
10-48

1004

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

FILED APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15057

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 1065

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood
c. LENGTH OF STAY (in this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7461 Elm Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maplewood 4544
d. STREET ADDRESS (If rural, give location): 7461 Elm. 0

3. NAME OF DECEASED (Type or Print)
a. (First): Henrietta
b. (Middle): J.
c. (Last): Powell

4. DATE OF DEATH (Month): 4 (Day): 20 (Year): 52

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): W
8. DATE OF BIRTH: Dec-10-1877
9. AGE (In years last birthday): 74 — If under 1 year: Months 4, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: At Home House Wife
11. BIRTHPLACE (City and State or Foreign Country): Valley Park - Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Marquitz
13b. MOTHER'S MAIDEN NAME: Elizabeth Campbell
14. NAME OF HUSBAND OR WIFE: Hugh J. Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Florence K. Troy — **ADDRESS**: 7461 Elm

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of the Liver — INTERVAL BETWEEN ONSET AND DEATH: 9

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Valvular Condition — years

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☒ 5810

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): _____
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): _____
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): _____
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: _____

22. *I hereby certify that I attended the deceased from* Feb 5, 1952, *to* April 20, 1952, *that I last saw the deceased alive on* April 20 1952, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vincent F. Townsend
23b. ADDRESS: 3101 a Sutton Ave Maplewood 17 Mo
23c. DATE SIGNED: 4.21.5

24a. BURIAL, CREMATION, REMOVAL (Specify): _____
24b. DATE: 4-23-52
24c. NAME OF CEMETERY OR CREMATORY: St Peters
24d. LOCATION (City, town, or county) (State): Kirkwood Mo

DATE REC'D BY LOCAL REG.: 4-22-52
REGISTRAR'S SIGNATURE: Herbert R. Donka MD
25. FUNERAL DIRECTOR'S SIGNATURE: Michael J. Choghan
ADDRESS: 7146 Manchester
(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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed V. E. Morris

Licensed Embalmer No. 3360

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.