

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22506
Registrar's No. 5348

LED JUN 27 1932

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St Louis		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Hosp				d. STREET ADDRESS (If rural, give location) 25 1441 N 10 St			
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM			b. (Middle)		c. (Last) POWELL		4. DATE OF DEATH (Month) (Day) (Year) 6 8 52
5. SEX Male	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 10 - 1905		9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months	11. UNDER 2 MRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Labor		10b. KIND OF BUSINESS OR INDUSTRY Cotton Belt R.R.		11. BIRTHPLACE (State or foreign country) Clarksdale Miss.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME William Powell			13b. MOTHER'S MAIDEN NAME Willie McKelown		14. NAME OF HUSBAND OR WIFE Flora Powell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Flora Powell 1441 N-10 St			
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.							
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Esophagus; DUE TO (c) distal one third						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		150X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE John L. Dickerson				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/9/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-14-52		24c. NAME OF CEMETERY OR CREMATORY Father Dickerson		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 11 1932		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. Richardson 2625 Glasgow			

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

AP Richardson

Licensed Embalmer No. *2925*

P. O. Address

2625 Glasgow

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.