

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40615**

FILED DEC 2 1952

318

1003

10479

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10479</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS MO</b>		c. LENGTH OF STAY (in the place) <b>32 HRS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		<b>2249</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LUTHERAN HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>24 3165 NEBRASKA</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) <b>EARL</b> c. (Last) <b>POWERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 12 1952</b>				
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>OCT 17 1890</b>	
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CARMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>TERMINAL R.R.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>CANTON ILL.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>HENRY POWERS</b>		13b. MOTHER'S MAIDEN NAME <b>ETTA WINGO</b>		14. NAME OF HUSBAND OR WIFE <b>NELLIE POWERS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>702-12-4585</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>NELLIE POWERS 3165 NEBRASKA</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Demiplegia, acute myocardial failure, diabetes mellitus, Ch. nephritis.</b> 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.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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 <b>592X</b>			
22. I hereby certify that I attended the deceased from <b>11/11 1952</b> , to <b>11/13 1952</b> , that I last saw the deceased alive on <b>11/13 1952</b> , and that death occurred at <b>9:52 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Ralph Berg MD</b> (Degree or title)				23b. ADDRESS <b>32039 grand</b>		23c. DATE SIGNED <b>11/13/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>Nov. 17 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>		
DATE REC'D BY LOCAL REG. <b>NOV 14 1952</b>		REGISTRAR'S SIGNATURE <b>J. Charles Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thomas Kutis 2906 Grand</b>			

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

MAR 18 1958

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

*Leo J. Budd*

Licensed Embalmer No.

*3989*

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.