0.300
0.48

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42922

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3024

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: House Springs
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Rt 1

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

4. DATE OF DEATH (Month) 12 (Day) 23 (Year) 55

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 30-35
9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months 6 Days 28
IF UNDER 24 HRS.: Hours | Min.

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

13a. FATHER'S NAME: Ralph C. Neuhaus
13b. MOTHER'S MAIDEN NAME: Lillian B Miller
14. NAME OF HUSBAND OR WIFE: William K Powell Sr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Joseph J. Powell
ADDRESS: House Springs Mo

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) Fracture of cervical vertebrae.
with severance of cord and fracture of upper right chest

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

8164
26

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

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP): Rural (COUNTY): Jefferson (STATE): Mo.
21d. TIME OF INJURY (Month) Dec. (Day) 23, (Year) 1955 (Hour) 5:58 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Passenger in car which collided with another car

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arnold J. Willmann, (Degree or title) Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 12-27-55

24a. BURIAL, CREMATION OR REMOVAL
24b. DATE: 12/27/55
24c. NAME OF CEMETERY OR CREMATORY: St Martins Cem
24d. LOCATION (City, town, or county): High Ridge (State): Mo

DATE REC'D BY LOCAL REG.: 12-26-55
REGISTRAR'S SIGNATURE: Hubert R. Donbe M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Bommer Funeral Home
ADDRESS: House Springs Mo

24. (Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 147

P. O. Address House Spring

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.