

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42923**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **3023**

1. PLACE OF DEATH a. COUNTY ST LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give town) KIRKWOOD MO		c. LENGTH OF STAY (in this place) unk	c. CITY OR TOWN HOUSE SPRINGS MO
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOSEPH HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		No. STREET ADDRESS (If rural, give location) 0 2001	

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) F. c. (Last) POWELL			4. DATE OF DEATH (Month) (Day) (Year) 12 23 55		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 28-1933	9. AGE (in years last birthday) 22	IF UNDER 1 YEAR Months 7 Days 25 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORATORY WORKER		10b. KIND OF BUSINESS OR INDUSTRY FEED MILLS	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOSEPH T. POWELL	13b. MOTHER'S MAIDEN NAME LYDIA ANN GOERTH	14. NAME OF HUSBAND OR WIFE JENNY L. POWELL
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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. 495-34-0462	17. INFORMANT'S SIGNATURE OR NAME JOSEPH T. POWELL ADDRESS HOUSE SPRINGS MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures, severance of		cord and shock		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 8164	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (COUNTY) (STATE) Rural Jefferson Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 23, 1955 6:58 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Driver of 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.

22a. SIGNATURE Donald J. Hillmann (Degree or title) Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 12-27-55
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24a. BURIAL CREMATION burial	24b. DATE 12/27/55	24c. NAME OF CEMETERY OR CREMATORY St. Anthony's Cem.	24d. LOCATION (City, town, or county) (State) High Ridge MO.
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DATE REC'D BY LOCAL REG. 12-26-55	REGISTRAR'S SIGNATURE Herbert R. Dombrowski	25. FUNERAL DIRECTOR'S SIGNATURE Brimmer Funeral Home ADDRESS House Springs MO
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(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

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.....
Signature of Student Embalmer

Signed.....
John A. Bricciani

Licensed Embalmer No. 147

P. O. Address *Home Spun*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.