

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19180

State File No. 5145  
Registrar's No.

FILED JUN 14 1957  
BIRTH NO. 43,506-57 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 <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis 12</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St. Lukes</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Priscilla</i> b. (Middle) <i>Mae</i> c. (Last) <i>Powell</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>May 31-1957</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>NO</i>	8. DATE OF BIRTH <i>May 29-1957</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) if UNDER 1 YEAR: Months Days if UNDER 2 HRS. Hours Min. <i>2</i>
13a. FATHER'S NAME <i>B. Roy Powell</i>		13b. MOTHER'S MAIDEN NAME <i>Ethel Jean Raymer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis - Mo.</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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.		14. NAME OF HUSBAND OR WIFE	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Prematurity</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Ethel Powell - 5639 Bartmer</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>776x</i>			
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) m.	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 <i>5/29</i> , 19 <i>57</i> , to <i>5/31</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>5/30</i> , 19 <i>57</i> , and that death occurred at <i>6:25A</i> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>R. G. Holland M.D.</i>		23b. ADDRESS <i>5535 Delmar</i>	23c. DATE SIGNED <i>5/31/57</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal - Motor</i>	24b. DATE <i>7/2/57</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sikeston, Mo. Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Sikeston Missouri</i>
DATE RECD BY, LOCAL REG. <i>JUN 1 57</i>	REGISTRAR'S SIGNATURE <i>Earl Smith - MD</i> <i>acm</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>CALVIN F. FEUTZ 4828 Natural Bridge Blvd</i> <i>FUNERAL HOME, INC., St. Louis, 15, Missouri</i>	

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 *Ralph L. Zimales*.....

Licensed Embalmer No. *4225*

P. O. Address *St. Louis*

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.