JAN 10 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

~~SUPPLEMENTARY~~

Do not use this space.

47026

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Infirmary St. ..... Ward)

File No. .....

Registered No. 12852

2. FULL NAME William Powell

(a) Residence, No. 5800 Arsenal St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1885

7. AGE: Abt. YEARS 51 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Miss.

FATHER

13. NAME Robert Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Miss.

MOTHER

15. MAIDEN NAME Amanda ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Miss.

17. INFORMANT (ADDRESS) J.G.Sullivan 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 12-24 1936

19. UNDERTAKER (ADDRESS) W Richter 3500 Rutger St

20. FILED DEC 30 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1928, to Dec. 15, 1936

I last saw him alive on Dec. 15, 1936 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
CHRONIC MYOCARDITIS	
93C	

Other contributory causes of importance:

DIARRHEA, NON-Specific

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L G Pray M. D.

(Address) 5600 Arsenal

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2 100M-3-28-35