

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

32764

Do not use this space.

791

1008

Registered No. 8818

1. PLACE OF DEATH

- (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis ..... (d) Street No. Des Lodge Hospital. ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Frank E. Powell.

- (a) Residence, No. .... St. Rolla, Missouri.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Powell.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 24, 1867.</u>		
7. AGE YEARS <u>70</u>	MONTHS <u>4</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Filling Station</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Prop.</u>		
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) <u>Pleasant Hill, Missouri.</u>		
13. NAME <u>Dont know.</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know.</u>		
15. MAIDEN NAME <u>Nancy Arnold.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dont know.</u>		
17. INFORMANT <u>Mrs. Wm. F. Stewart</u> (ADDRESS) <u>10, 434 Maple Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem.</u> DATE <u>Sept 23, 1937</u>		
19. FUNERAL DIRECTOR <u>Geo. L. Pleitach Inc.</u> (ADDRESS) <u>5966 Gaston Ave.</u>		
20. FILED <u>SEP 21 1937</u> <u>J. J. Bredeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 21, 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-3-37 to Sept 21, 1937  
 I last saw him alive on 9-21-37, 19..... Death is said to have occurred on the date stated above, at 2:45 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of Rectum  
of sigmoid colon  
primary set in colon  
 Date of onset Jan 1936

Other contributory causes of importance:  
Teritonitis H6C

Name of operation Resection of Bowel Date of 9/8/37  
 What test confirmed diagnosis Microscopic Was there an autopsy no

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? no  
 If so, specify: no  
 (Signed) Mrs. Wm. F. Stewart  
 (Address) 10, 434 Maple Ave. M. D.  
725 Metropolitan Bldg

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.

Dr. Thomas Wember  
Metropolitan Bldg  
2.36 to 3.07 PM  
J 1222

STATEMENT BY LICENSED EMBALMER

I, Harmer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Harmer L.

Ponder L. E.

No. 3367 or by \_\_\_\_\_, Registered Apprentice No. ✓

working under my personal supervision.

Signed Harmer L. Ponder

Licensed Embalmer No. 3367

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.)