

#~~REC~~ JUN 9 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

16672  
 Do not use this space.

1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City St. Louis (d) Street No. St. Luke's 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.

791  
 1003

Registered No. 4533

2. PRINT FULL NAME Robert W. Powell

(a) Residence, No. 501 Clara Avenue St. 5  
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28th, 1855  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 9 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Bond Broker  
 9. Industry or business in which work was done, as saw mill, bank, etc. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 10.22 PM

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

Gun Shot Wound of Left Chest, self inflicted, at home 501 Clara Ave., about 8:30 A.M., May 15, 1938

Date of onset

Other contributory causes of importance:

167

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Suicide Date of injury 5/15 19. 38  
 Where did injury occur? St. Louis  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury..... See above  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) Alfred J. Perry  
 (Address) Philadelphia, Colorado

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER 13. NAME Robert W. Powell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Mary E. Matthews  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania.

17. INFORMANT Bureau Vital Statics  
 (ADDRESS) Room 110 Municipal Cts Bldg

18. ~~BURIAL~~ CREMATION, ~~BURIED~~ ~~INTERMENT~~  
 PLACE Valhalla DATE May 18th 1938

19. FUNERAL DIRECTOR Wagoner Undertaking Co.  
 (ADDRESS) 3621 Olive Street

20. FILED MAY 18 1938 J. D. Brebeck Local Registrar

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.

STATEMENT BY LICENSED EMBALMER,

I, Neville B. Frohwitter

Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Neville B. Frohwitter*

Licensed Embalmer No. 3696

**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.)**