

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24353

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1000
 (b) Township Franklin Primary Registration District No. 1000 Registered No. 2878
 (c) City St. Louis (d) Street No. General Hospital St. St. Louis
 (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

(a) Residence, No. 1104 Crystal St. St. Louis
 (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-23-1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 3 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traveller
 9. Industry or business in which work was done, as saw mill, bank, etc. Foundry
 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) Mo.
 FATHER 13. NAME Arthur Powell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
 MOTHER 15. MAIDEN NAME Cora Connor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT (ADDRESS) Record Clerk General Hospital
 18. BURIAL, CREMATION, OR REMOVAL PLACE Pinch DATE 7/15 1938
 19. FUNERAL DIRECTOR (ADDRESS) Hillman Bros 1729 Kedia
 20. FILED 7-15 1938 M. W. Crow, ass't Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 1938
 22. I HEREBY CERTIFY, That I attended deceased from 7-5 1938 to 7-12 1938
 I last saw him alive on 7-12 1938 Death is said to have occurred on the date stated above, at 12:40 P.M.
 The principal cause of death and related causes of importance were as follows:
Specific Type Heart Disease Date of onset ft
 Other contributory causes of importance:
decompensation
 Name of operation _____ Date of _____
 What test confirmed diagnosis Clinical 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 _____
 (Signed) D. C. Dupont M.D.
 (Address) General Hospital #2

202
JUN 15 1948

STATEMENT BY LICENSED EMBALMER

I, T. B. Watkins, Licensed Embalmer No. 2889

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

..... L. E.

No. 2889 or by....., Registered Apprentice No.....
working under my personal supervision.

Signed

T. B. Watkins

Licensed Embalmer No. 2889

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

2430314
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township _____ Primary Registration District No. 1002 Registered No. 2858
 (c) City J.C. Mo (d) Street No. _____
 (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 Arthur Powell Jr.
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS 33 MONTHS 3 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER
 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 7/15 1938 Dr. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12 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 _____ m.

The principal cause of death and related causes of importance were as follows:
Specific Type of heart Disease Date of onset _____
Syphilis _____
Decompensation _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinical 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 _____ M. D.
 (Signed) P. C. Turner (Address) General Hospital #4

SUPPLEMENT

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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