

REC'D MAR 13 1939

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

5064
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 791
(b) Township 1 Primary Registration District No. 1003 Registered No. 1757
(c) City ST LOUIS (d) Street No. 5975 ARSENAL ST. St. 1757
(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 ALBERT C. POWSON

(a) Residence, No. 5975 ARSENAL ST. St. 3 (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) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 29 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
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) PITTSBURG PA.

FATHER 13. NAME MAHECK, POWSON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER 15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT BEATRICE WITNUM. (ADDRESS) 5975 ARSENAL ST.

18. BURIAL, CREMATION, OR REMOVAL PLACE NEW RICHERS CEM DATE FEB 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) JOS. P. FENDLER JR. 7128 MICHIGAN AVE.

20. FILED FEB 23 1939 J. F. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 21 10 AM, 1939, to Feb 21 (10 PM), 1939
I last saw him alive on Feb 21 1939. Death is said to have occurred on the date stated above, at 10 PM m.

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

Coronary Artery Disease & Spasm
Angina Pectoris

Date of onset 2/21/39
2/26/39

Other contributory causes of importance:

Hypertension 1938(?)

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?..... 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 Veaton D. Gould, M.D.
(Signed) Veaton D. Gould, M.D.
(Address) 2811 Watson

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. P. Fendler, Jr.

Licensed Embalmer No.....

925

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 this body is not embalmed, above space should be left blank.