

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.

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

16794
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 3
(b) Township 1 Primary Registration District No. 1 Registered No. 4328
(c) City St. Louis (d) Street No. Municipal Court Bldg. St. 1
(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. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LOUIE POWELL
(a) Residence, No. 1412 Frances St. 21
(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>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Powell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 17 1892</u>		
7. AGE <u>47</u>	YEARS <u>4</u>	MONTHS <u>16</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Domestic</u>		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) <u>Nashville Tenn.</u>		
13. NAME <u>Ann Proyer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Wm Powell</u> <u>1414 Frances St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood</u> DATE <u>5-90</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. Buddie Walton</u> <u>2707 Stoddard St</u>		
20. FILED <u>MAY 9 1939</u> <u>J. B. Bredet</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3 1939

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 11 A. m.

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

Chronic Interstitial Nephritis
Cardiac Hypertrophy

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) Joseph M. Leumann
(Address) Deputy Coroner

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,

William C. McDowell

or by

Registered Apprentice No., working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No.

2114

P. O. Address

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.