

JUN 15 1940 791

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Homer G. Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 MO. 16 days
(Specify whether
 In this community 6 years
years, months or days)

3. (a) PRINT FULL NAME Samuel Powell H00

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race negro 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 17 1915
(Month) (Day) (Year)

8. AGE: Years 24 Months 11 Days - If less than one day _____ hr. _____ min.

9. Birthplace Brown Vill Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Powell
 { 13. Birthplace Brown Vill Miss
(City, town, or county) (State or foreign country)
 { 14. Maiden name Suzie Smith
 { 15. Birthplace Brown Vill Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Hennrich Lee
 (b) Address 221 S. Oakland St

17. (a) _____ (b) Date thereof May 21 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Vill Tenn

18. (a) Signature of funeral director G. J. Bussard

(b) Address 76-14 S 3rd

19. (a) MAY 20 1940 (b) J. J. Beedeck
(Date) (Embalmer's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 23
(If outside city or town limits write "RURAL")
 (d) Street No. 1819r S. 2nd St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17
 year 1940 hour 11:05 minute A. M.

21. I hereby certify that I attended the deceased from 3-31-40 to 5-17-40
 that I last saw him alive on 5-17-40
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis About 1 yr.
 Duration

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature H. J. Symon (M. D. or other) 5-20-40
 Address 2601 N. Whittier St. Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Louis V. Atkins

Licensed Embalmer No.

2842

P. O. Address

3644 Finney

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.