No. 2
5-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOV 20 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36433

Registration District No. 784 Primary Registration District No. 116 Registrar's No. 2087

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Valley Park
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 541 Meremec Station Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Valley Park
(If outside city or town limits, write "RURAL")
(d) Street No. 541 Meremec Station Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Hugh J. Powell
3. (b) If veteran, name war
3. (c) Social Security No. 714-10-8653
4. Sex Male
5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henrietta Powell
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Jan. (Month) 18, (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
64	9	18	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Railway Clerk
11. Industry or business Railroad
FATHER
12. Name Hugh J. Powell
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Caroline Schuchman
15. Birthplace St. Louis County (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Henrietta Powell
(b) Address 541 Meremec Station Rd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 7, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cemetery Kirk
18. (a) Signature of funeral director M. J. Coughlan
(b) Address 7146 Manchester Ave.
19. (a) NOV 6 1940 (Date received local registrar) (b) J. R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th year 1940 hour 5 AM minute M.
21. I hereby certify that I attended the deceased from Aug 6th 1940 to Nov 5th, 1940, to, 19; that I last saw him alive on November 5th, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-Hemorrhage
Due to Arteriosclerosis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

Duration

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) None
(b) Date of occurrence None
(c) Where did injury occur? None (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature F. P. Dunn (M. D. or other)
Address Valley Park Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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: Francis A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.