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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FO 3800 43898
State File No.

FILED JAN 8 1941

Registration District No. 784 Primary Registration District No. 111 Registrar's No. 2381

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Height's
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days) /

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Bond

(c) City or town Greenville
(If outside city or town limits, write "RURAL")

(d) Street No. 102 E. College Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Pearl Orpha Powell

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Powell

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan. (Month) 20 (Day) 1887 (Year)

8. AGE: Years 52 Months 10 Days 25 If less than one day ..... hr. ..... min.

9. Birthplace Union Co. (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Housewife /

11. Industry or business /

FATHER
12. Name Isaac J. Rynes /
13. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Brown
15. Birthplace ..... (City, town, or county) Illinois (State or foreign country)

16. (a) Informant John A. Powell
(b) Address Greenville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/17/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn, Ill.

18. (a) Signature of funeral director O. E. Bass
(b) Address Greenville, Ill.

19. (a) DEC 16 1940 (Date received local registrar) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1940 hour 1 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec 4, 1940, to Dec 15, 1940; that I last saw her alive on Dec 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon (pri) and Ovary — Duration

Due to

Due to 46

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Colon and Ovary
Of autopsy Carcinoma Sigmoid Colon regler ovary and Liver

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

23. Signature Chuck Stewart (M. D. or other)
Address Leslie Bldg St Louis Date signed 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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