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39
26390

FILED MAY 13 1941

791

Primary Registration District No.

1003

Registrar's No.

3177

I. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4041 Enright Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 42 yrs 9 mos. 10 days
years, months or days)

3. (a) PRINT FULL NAME Leo Powell

3. (b) If veteran, name war None

3. (c) Social Security No. 327-03-1644

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Thelma V. Powell 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased July 1, 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months 9 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business Swift & Company

12. Name Unavailable

13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable

15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Thelma V. Powell
(b) Address 4041 Enright Avenue

17. (a) Burial (b) Date thereof 14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) APR 12 1941 (b) _____
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL") 119
(d) Street No. 4041 Enright Avenue
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
No Physician in Attendance

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11,
year 1941 hour 1 minute 40 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Due to Lobar Pneumonia

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) (c) Means of injury _____

23. Signature Alfred Perry (M. D. or other) 3

Address 1300 Clark Avenue Date signed 4 July 41

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

MOTHER FATHER

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.....

James A. Johnson

....., Registered Apprentice No.

working under my personal supervision.

Signed..... *James A. Johnson*

Licensed Embalmer No. **3522**

P. O. Address..... **4107 Finney Avenue**

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, fact should be so stated above.