

FILED JUL 21 1941  
Registration District No. **701**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **St. Louis**

(c) Name of hospital or institution: **728 Hawk Ave.**  
(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

3. (a) PRINT FULL NAME **Anvillary Powell**

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

(c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) **Widowed** Single, widowed, married, divorced.

(b) Name of husband or wife **Mart** (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Feb. 12 1862**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **4** Days **16** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Eldorado Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **John McCoy**

13. Birthplace **Eldorado Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown** **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert Powell**

(b) Address **728 Hawk Ave.**

17. (a) **Removal** (b) Date thereof **6/30/41**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sikeston, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **JUN 28 1941** (b) **J. H. Bredebeck**  
(Date of death) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **728 Hawk Ave.** (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **28, 1941**  
year **1941** hour **5** minute **45 A.M.**

21. I hereby certify that I attended the deceased from **January**, 1941, to date **June**, 1941, that I last saw her alive on **June 27th**, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis** Duration **2 years**

Due to **age**

Due to **97**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

PHYSICIAN

Major findings: **none**

Of operations \_\_\_\_\_

Of autopsy **none**

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 **Arriack E. Smith** (M. D. or other) **0**

Address **1003 W. Pine** Date signed \_\_\_\_\_

**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.....

*Guy W. Wilkinson*

Licensed Embalmer No..... *3575*

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, fact should be so stated above.**