

Registration District No. 754

Primary Registration District No. 2nd

Registrar's No. 2516

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Jefferson Barracks  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Veterans' Administration Facility  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution Admitted 6/13/41  
 In this community Since 6/13/41  
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2905 Franklin Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country? - (Yes or No)  
 If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th  
 year 1941 hour 3:05 minute P. M.

21. I hereby certify that I attended the deceased from June  
13th 1941 to December 10th 1941

that I last saw him alive on December 10th 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, right mandible, with metastasis to cervical, sublingual and sub-maxillary glands.

Duration

Unknown

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions -- 450  
 (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
 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?  
 While at work? - (Specify type of place) (e) Means of injury -

23. Signature: W. M. COCHRAN, M.D. (M. D. or other)  
 Address: Chief Medical Officer Date signed 12/10/41

3. (a) PRINT FULL NAME William F. Powell

3. (b) If veteran, name war WORLD 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased: January 12 1891  
 (Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 28  
 If less than one day - hr. - min.

9. Birthplace St. Louis, Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation WPA Worker

11. Industry or business -

12. Name Isaac Powell

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

14. Maiden name Julia Fears

15. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant M. Schulle

(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) Burial (b) Date thereof 12-13-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Barracks Natl

18. (a) Signature of funeral director J. H. Randle & Son

(b) DEC 12 1941 Bill

19. (a) (Date received local registrar) (b) C. H. McRanan  
 (Registrar's signature)

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.....

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No. *2498*

P. O. Address *2769 Choctaw*

**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.**