

FILED MAY 7 1947 91

1003

Registration District No.

Primary Registration District No.

Registrar's No.

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bethesda 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)

3. (a) PRINT FULL NAME Ira A. Powell

3. (b) If veteran, name war. None 3. (c) Social Security No.

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

6. (b) Name of husband or wife. Minnie Powell 6. (c) Age of husband or wife if alive. 56 years

7. Birth date of deceased. Dec. 1st 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 26 hr. min.

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

10. Usual occupation. President

11. Industry or business. Asbestos Gasket Mfg. Co.

MOTHER FATHER { 12. Name Ira Powell

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

14. Maiden name. Unknown

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

16. (a) Informant. Mrs. Minnie Powell

(b) Address. 2035 Ann Ave.

17. (a) Burial (b) Date thereof 4-30-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Odd Fellows Cemetery

18. (a) Signature of funeral director. Kriegshauser Mortuaries

(b) Address. 4228 So. Kingshighway Blvd.

19. (a) APR 28 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

24. Signature. J. Louis Schuchet (M. D. or other)

Address. 2200 Chestnut Ave Date signed 4-26-42

844 (Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo. (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2035 Ann Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. April day. 27th
year. 1942 hour 3:04 minute. A.M. M.

21. I hereby certify that I attended the deceased from March 26 1942 to April 27 1942
that I last saw him alive on April 26 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Liver (probably primary)
Duration ?

Due to.....
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?

(Specify type of place) While at work? (e) Means of injury.....
24. Signature. J. Louis Schuchet (M. D. or other)
Address. 2200 Chestnut Ave Date signed 4-26-42

0141-ND

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 *Reinhold H. Lehmann*

Licensed Embalmer No. *3395*

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.