

S. No. 2
M-9-4-41
v. 5-17-39
I X29484

16554

DEPARTMENT OF COMMERCE
MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. **1003** Registrar's No. **4553**

000
17
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Homer Phillips Hospital** **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 days** (Specify whether years, months or days)

In this community **19 years**

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State **Missouri** (b) County **17**

(c) City or town **St. Louis,** **9 11**
(If outside city or town limits, write "RURAL")

(d) Street No. **4544 Garfield**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) **0**
If yes, name country.....

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **21** year **1942** hour **4** minute **35 A.** M.

21. I hereby certify that I attended the deceased from **April 27,** 19 **42** to **May 21,** 19 **42** that I last saw h. or alive on **May 21,** 19 **42;** and that death occurred on the date and hour stated above.

4. Sex **Female** 3 5. Color or race **Col** 6. (a) Single, widowed, ~~married~~, divorced **2**

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

7. Birth date of deceased..... **2** **3** **1896**
(Month) (Day) (Year)

Immediate cause of death..... **Intestinal Obstruction** **4 days**

8. AGE: Years **46** Months **3** Days **18** If less than one day..... hr. min.

Due to **Cause not determined**

9. Birthplace **MISS** (City, town, or county) **1** (State or foreign country)

Due to.....

Other conditions (include pregnancy within 3 months of death).....

10. Usual occupation **maid**

MOTHER FATHER

11. Industry or business **none**

12. Name **John Clark**

13. Birthplace **MISS** (City, town, or county) **1** (State or foreign country)

14. Maiden name **unknown**

15. Birthplace **unknown** **9 18 92** (City, town, or county) (State or foreign country)

Major findings: Of/operations.....

Of autopsy.....

PHYSICIAN..... Underline the cause to which death should be charged statistically.

16. (a) Informant: **Harry Clark**
(b) Address: **4544 Garfield Ave**

17. (a)..... (b) Date thereof **9 26/42**
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park**

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..... **0**

18. (a) Signature of funeral director **J. G. Smith**
(b) Address **4247 W. Labadie Ave**

19. (a) **MAY 25 1942** (Date received local registrar) **J. F. Budick** (Registrar's signature)

23. Signature **Wells E. A. Jordan** M. D. or other **0**
Address **2601 N. Whittier** Date signed **5/22/42**

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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 William C. McDowell, Registered Apprentice No. _____ working under my personal supervision.

Signed William C. McDowell
Licensed Embalmer No. 3114

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.