

FILED APR 28 1943 318

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 2859 M=NAIR 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

(c) City or town ST. LOUIS 12  
(If outside city or town limits, write "RURAL") 9 24

(d) Street No. 2859 M=NAIR AVE.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME BERTHA IRENE POWELL

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 19  
year 1943 hour 8 minute 55 A.M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife CHARLES POWELL

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased. JAN. 12 1893  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 9, 1943 to April 19, 1943 that I last saw him alive on April 19, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

50 3 7 hr. min.

Immediate cause of death: Uremic poisoning

Due to Subacute nephritis

Due to

9. Birthplace PORTLAND TENN  
(City, town, or county) (State or foreign country)

Other conditions. (Include pregnancy within 3 months of death) 130

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

Major findings: Of operations

Of autopsy

MOTHER FATHER

12. Name J. H. CURRY

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

14. Maiden name LIZZIE REECE

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

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

16. (a) Informant Charles Powell

(b) Address 2859 M=NAIR AVE

17. (a) Removal (b) Date thereof APRIL 20 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOXIE ARKANSAS

18. (a) Signature of funeral director J. W. Best

(b) Address Hoxie Arkansas

19. (a) APR 20 1943 (Date received local registrar) J. F. [Signature] (Registrar's signature)

23. Signature E. M. [Signature] (M. D. or other) MD

Address 3012 Lafayette Date signed 4-19-43

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

**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 William J. Hiram  
Licensed Embalmer No. 4319  
P. O. Address St. Louis Mo

**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.**