

FILED APR 28 1943 318

1003

State File No.

Registrar's No. 3672

Registration District No.

Primary Registration District No.

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:
4539 Cadet St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community..... 1 Year
years, months or days)

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. 4539 Cadet St.
(If rural, give location)
 (e) Citizen of foreign country?..... No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME DAVID POWELL

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

4. Sex Male 5. Color or race White 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 December 4 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 14 hr. min.

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

10. Usual occupation Farmer, retired

11. Industry or business "

MOTHER FATHER

12. Name unknown
 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 F. Hubbs
 (b) Address 4539 Cadet St.

17. (a) Burial (b) Date thereof 4/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sligo, Mo.

18. (a) Signature of funeral director Depender + Sons

(b) Address 675 Delmar Blvd

19. (a) ADD 20-1043 (b) J. F. Bredek
(Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18
 year 1943 hour 5:40 minute A M.

21. I hereby certify that I attended the deceased from APRIL 9, 1943, to APRIL 18, 1943
 that I last saw him alive on APRIL 17, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death oedema of the lungs
chronic bronchitis

Due to.....
 Due to.....
 Other conditions Serility + Blindness
(Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy.....

Duration

12 hrs.

1 yr.

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?.....

While at work..... (Specify type of place)
 (c) Means of injury.....
 23. Signature J. M. Webb (M. D. or other) M.D.
 Address 4501 1/2 Manchester Date signed 4-19-43

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

Dr. L. M. Webb 10-12-3-5-7-8
4501 Manchester
Fr. 0630

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 jos. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Delmar

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.