

S. No. 2
4-542
5-17-39

22475

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 19 1943
Registration District No. 317

Primary Registration District No. 3066

Registrar's No. 1394

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

96
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1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 8 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 339 Meacham St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James Augusta Powell

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

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

6. (b) Name of husband or wife Ollie Mae Powell 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased January 1, 1889
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 10 If less than one day hr. _____ min. _____

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

10. Usual occupation Chauffeur

11. Industry or business Private

MOTHER FATHER

12. Name David A. Powell

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

14. Maiden name Mary O'neil

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

16. (a) Informant Ollie Mae Powell

(b) Address 339 Meacham St.

17. (a) Burial (b) Date thereof 6/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Chas J. Gates

(b) Address 4107 Finney Ave.

19. (a) 6-16-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11 year 1943 hour 6:50 minute 50 AM/PM

21. I hereby certify that I attended the deceased from 5/6/43 to 6/11/43 and that death occurred on the date and hour stated above.

Immediate cause of death [Handwritten]

Due to [Handwritten]

Due to [Handwritten]

Other conditions [Handwritten]
(Include pregnancy within 3 months of death)

Major findings: [Handwritten]
Of operations: [Handwritten]
Of autopsy: [Handwritten]

Duration _____

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 of town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? [Handwritten] (Specify type of place) (e) Means of injury _____

23. Signature [Handwritten] (M. D. or other) _____
Address 243 Kirkham Ave. Date signed 6/11/43

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 G. McDowell~~

....., Registered Apprentice No.

working under my personal supervision.

Signed *Thomas Bates*

Licensed Embalmer No. ~~2114~~ *4254*

P. O. Address. ~~4107 Filing Ave~~ *1711 North Taylor Aven*

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.