

FILED MAY 20 1944

Registration District No. 18

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: En Route City Hospital 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No
 In this community 15 Years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANCIS EARNEST POWELL

3. (b) If veteran, name war No
 3. (c) Social Security No. 702-18-1969

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Carrie Ann
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased July 22nd 1891
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 11 hr. min.

9. Birthplace Francis County, Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Engineer

11. Industry or business Mo. Pacific R. R.

MOTHER FATHER {
 12. Name Robert Powell
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Bell Harvey
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Carrie Ann Powell
 (b) Address 2651a Eads

17. (a) Ship (b) Date thereof 5/6/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge, Ark.

18. (c) Signature of funeral director A. W. M. Laughlin

(b) Address 2301 Lafayette Ave.

19. (a) MAY 5 1944 (b) J. F. Barbach
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2651a Eads Ave.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
 year 1944 hour 11:20 minute 20 P.M.

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

Immediate cause of death Internal Hemorrhage from Compound Fracture Left Leg; Subarachnoid Hemorrhage of Brain; when he was struck by an automobile driven by one Paul Ted Perjak, at the intersection of Jefferson and Lynch Street around 11:20 P.M., May 2, 1944. Driver failed to stop at the scene of the accident.

Other conditions failed to stop at the scene of the accident.
 (Include pregnancy within 3 months of death)
 Major findings: 170
 Of operations 21
 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) Homicide
 (b) Date of occurrence May 2, 1944
 (c) Where injury occur? St. Louis, Mo.
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place

(Specify type of place) (e) Means of injury 3

23. Signature James J. ...
 Address 1300 ... Date signed 5/6/44

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 *L.R. Cooper*.....

Licensed Embalmer No. *3633*

P. O. Address. *2317 Lafayette*

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.