

FILED APR 5 1946

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2891

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Hrs. 50 Mins
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME

Infant 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

6. (b) Name of husband or wife

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

7. Birth date of deceased: 2 (Month) 28 (Day) 46 (Year)

8. AGE: Years Months Days If less than one day 3 hr. 50 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name Annie Powell
(City, town, or county) (State or foreign country)

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

16. (a) Informant Father M. Conrad R.R.

(b) Address 2601 N. Whittier Street

17. (a) Burial (b) Date thereof MAR 28 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Hudson

(b) Address City Health Dept

19. (a) MAR 28 1946 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 217
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1827 Biddle (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 28
year 1946 hour 10 minute 35 P. M.

21. I hereby certify that I attended the deceased from 6:45 P.M.
2 - 28 1946 to 10:35 P.M. 2-28 46

that I last saw him alive on 2 - 28 1946
and that death occurred on the date and hour stated above.

Immediate cause of death

Prematurity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

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?

(Specify type of place) (e) Means of injury 11

23. Signature W. H. Finley (M. D. XXX)

Address 2601 N. Whittier Date signed 2-22-46

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

10433

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.....

Licensed Embalmer No.....

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.