

S. No. 2
1-12-45
5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35510
State File No. 9346
Registrar's No.

FILED NOV 12 1946
Registration District No. 318

Primary Registration District No. 1003

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 13 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Claudette Powell

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

4. Sex Female 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 Apr. 23 1934
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
10 6 7 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name ~~_____~~
13. Birthplace ~~_____~~ 9
(City, town, or county) (State or foreign country)

14. Maiden name Robertta Powell
15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Robertta Powell

(b) Address So. Kinloch, Mo

17. (a) BURIAL (b) Date thereof Nov. 2, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington PK.

18. (a) Signature of funeral director English Und Co

(b) Address 2931 Lucas, Ave

19. (a) NOV 1 1946 J. F. Bredeck
(Date of local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 30
year 1946 hour 12 minute 20A M.

21. I hereby certify that I attended the deceased from 10-17- 19 46, to 10-30, 19 46,
that I last saw her alive on October 30, 19 46,
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphosarcoma with Metastasis
Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 8 months of death)

Major findings: Of operations _____

Of autopsy No

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 Thesdore Bloom (M. D. _____)

Address 2601 N Whittier Date signed 10/31/46

(Licensed Embalmer's Statement on Reverse Side)

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 *Burleson English*

Licensed Embalmer No. *4208*

P. O. Address. *2931 Lucia, Ave*

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.