

No. 2
-1/47
5-17-39

FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED MAY 9 1947
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No. 1003

State File No. 15544
Registrar's No. 4446

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

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: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 1/2 yrs. 3 mos. 3 ds.**
(Specify whether
In this community..... **4 1/2 yrs.**
years, months or days)

3. (a) PRINT FULL NAME..... **LESTER POWERS**
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex..... **Male** 2 5. Color or race..... **Col**
6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Etta** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **December 7 1902**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 4 23 hr. min.

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

10. Usual occupation..... **Laborer**

11. Industry or business.....

12. Name..... **Johnston Powers California**

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

14. Maiden name..... **Lavine Smith**

15. Birthplace..... **Kansas City Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Helma A. Singler**

(b) Address..... **5400 Arsenal**

17. (a) **Burial** (b) Date thereof..... **5-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St Peter's Convent**

18. (a) Signature of funeral director..... **Ellis Fun Home**
(b) Address..... **2820 S. Toddard St.**

19. (a) **MAY 2 1947** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

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..... **5400 Arsenal**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **April** day..... **30**
year..... **1947** hour..... **6.35** minute..... **A** M.
21. I hereby certify that I attended the deceased from..... **July 1**
....., 19....., **41** to..... **April 30**....., 19....., **47**
that I last saw h..... **im** alive on..... **April 30**....., 19....., **47**
and that death occurred on the date and hour stated above. Duration

Immediate cause of death..... **General Paresis of the insane 1941x.**

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

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

PHYSICIAN
Underline the cause of 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)
(e) Means of injury.....
23. Signature..... **Reynold Hoffman** (M. D. or other) **M.D.**
Address..... **5400 Arsenal St** Date signed..... **4/30/47**

ON 1 77A

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.....

Fulton C. Culkin

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13 Mo*

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.