No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 2 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29412

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7904

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 2mos.26ds. (Specify whether years, months or days)
In this community 25 yrs.

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

3. (a) PRINT FULL NAME EVAN POWELL
3. (b) If veteran, name war World War #1
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 14 (Day) 1900 (Year)
8. AGE: Years 47 Months 4 Days 1 If less than one day hr. min.
9. Birthplace Murphysboro (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business
FATHER
12. Name Walter Powell
13. Birthplace Murphysboro (City, town, or county) Illinois (State or foreign country)
MOTHER
14. Maiden name Margaret Daniels
15. Birthplace Murphysboro (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Helena Gingher
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 20-47 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Gilbert Kelly
(b) Address 4386 Lindell
19. (a) AUG 20 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 15 year 1947 hour 4.00 minute P M.
21. I hereby certify that I attended the deceased from May 19 47, to August 15 19 47 that I last saw him alive on August 15 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	15 min
Due to: Posterior Infarction-old	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Yes	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Paul R. Hartman (M. D. or other)
Address 5400 Arsenal Date signed 8/18/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Howard T Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis 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.