

FILED FEB 2 1949

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STANDARD CERTIFICATE OF DEATH

State File No. 638

1003

Registrar's No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,				
d. FULL NAME OF HOSPITAL OR INSTITUTION 1506 S. 3rd St.,				d. STREET ADDRESS (If rural, give location) 1506 S. 3rd St.,				
3. NAME OF DECEASED (Type or Print) Lucy Powell			4. DATE OF DEATH (Month) (Day) - (Year) Jan. 19, 1949					
5. SEX Female		6. COLOR OR RACE Negor		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown		
9. AGE (In years last birthday) abt. 55		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Tennessee.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dennis Williams			13b. MOTHER'S MAIDEN NAME Temple Watkins			14. NAME OF HUSBAND OR WIFE Albert Powell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert Powell 1506 S. 3rd St.,				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center">MEDICAL CERTIFICATION</p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Heart Disease</p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/31/49				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 10-28-1948 to 1-19-1949 , that I last saw the deceased alive on 1-18-1949 , and that death occurred at 2 P. m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) G. Wade Granberry M.D.				23b. ADDRESS 3200 Lucas Ave.		23c. DATE SIGNED 1/20/49		
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 1-22-49		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Brownsville, Tenn.		
DATE REC'D BY LOCAL REG JAN 22 1949		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Wade Granberry, 4202 Finney Ave.			

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WRITE PLAINLY—USING UNFAADING 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 _____

..... Student Embalmer No. _____

working under my personal supervision.

Signed Melvin E. Green

Signed
Student Embalmer

Licensed Embalmer No. 4428

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.