

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

14341

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 631		
1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis Co.</u>				
b. CITY OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (In this place) <u>23 DAYS</u>		c. CITY OR TOWN <u>So. KINLOCH</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>18 WARWICK</u>				
3. NAME OF DECEASED (Type or Print) <u>DAVID</u>		a. (First)		b. (Middle)		c. (Last) <u>POWELL</u>		
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>10</u>		(Year) <u>1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>10-24-1869</u>		
9. AGE (In years last birthday) <u>80</u>		If UNDER 1 YEAR Months <u>4</u> Days <u>15</u>		If UNDER 12 mos. Hours <u></u> Min. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>St. Louis Co., Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DARR POWELL</u>		13b. MOTHER'S MAIDEN NAME <u>MARINA CRAWFORD</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA BENTON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>St. Louis Co. Hosp., Clayton, Mo</u> ADDRESS				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paget's disease</u>					INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>731K</u>						
		DUE TO (c) <u>Anemia secondary arteriosclerotic heart disease</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>FEB. 18, 1949</u> , to <u>MAR. 11, 1949</u> , that I last saw the deceased alive on <u>MAR. 11, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. John M.D.</u> (Degree or title)				23b. ADDRESS <u>6015 BRENTWOOD, CLAYTON</u>		23c. DATE SIGNED <u>3-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-17-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brentwood Cem. St. Louis County</u>		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. <u>3-11-49</u>		REGISTRAR'S SIGNATURE <u>Thom V. Lunge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Ross - 1142 Taylor St. St. Louis</u> ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

Brentwood Cem.

No. 300
10-4896
2
3

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.

Student
Student Embalmer

Signed

Edward A. Flynn

Licensed Embalmer No. *1444 A*

P. O. Address *454th Regt*

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.

License 7664