

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28439

State File No. ....

REG. DIST. NO. 318

1003

Registrar's No. 7590

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. ....		Registrar's No. 7590	
1. PLACE OF DEATH a. COUNTY .....				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>MISSOURI</u> b. COUNTY .....					
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>0</u> (township) .....				c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 17					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>77-3683 OLIVE ST.</u> 7					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>		b. (Middle) <u>G.</u>		c. (Last) <u>Powell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 1949</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 7, 1903</u>		9. AGE (in years last birthday) (If under 1 year: Months) (If under 11 hrs: Days) (Hours) (Min.) <u>46</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bell Captain</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Willis J. Powell Jr.</u>			13b. MOTHER'S MAIDEN NAME <u>Viola Robinson</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret Powell</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) .....		16. SOCIAL SECURITY <u>498-07-6147</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Powell, 3683 Olive St.</u>					
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.  <u>A</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Hemorrhage at the base of the cranium caused by fracture skull; suffered while descending stairs at the Grand Olive Hotel</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (a) .....						INTERVAL BETWEEN ONSET AND DEATH .....	
19a. DATE OF OPERATION .....		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 186</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 29 1949 8:20 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>2:05 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Patrick E. Taylor</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>8/31/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-2-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo. 000</u>			
DATE REC'D BY LOCAL REG. <u>AUG 31 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Fasano</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>				

WRITE PLAINLY—USING 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 me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sam W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address St. Louis

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.