

No. 300
10-48

FILED NOV 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. 35780

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 4204

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MAPLEWOOD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2207 ALAMEDA AVE		d. STREET ADDRESS (If rural, give location) 2207 ALAMEDA	

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) T	c. (Last) Powers	4. DATE OF DEATH (Month) (Day) (Year) Oct 18 1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 29 1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUILDER	10b. KIND OF BUSINESS OR INDUSTRY BRICK CONTRACTOR	11. BIRTHPLACE (State or foreign country) ST. Louis	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN Powers	13b. MOTHER'S MAIDEN NAME ANNA Devlin	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. 493-20-0185	17. INFORMANT'S SIGNATURE OR NAME DEVIN Powers	ADDRESS 3915 HARTFORD
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Tongue & Tongue		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			141X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma Tongue & Tongue	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1949, to Oct 17, 1949, that I last saw the deceased alive on Oct 17, 1949, and that death occurred at 6 P m., from the causes and on the date stated above.

23a. SIGNATURE W. Deighton D M D (Degree or title)	23b. ADDRESS 3720 Washington St Louis	23c. DATE SIGNED Oct 20/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-21-49	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 10-21-49	REGISTRAR'S SIGNATURE Herbert W. ...	25. FUNERAL DIRECTOR'S SIGNATURE M. J. Crayton	ADDRESS 146 Manchester
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ferguson
659 TAX REC'D
W.A.

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 *Ronald O. Yehioka*

Licensed Embalmer No. *3917*

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.