No. 300
10.48

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43776

BIRTH NO. ____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 262

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

1. PLACE OF DEATH
a. COUNTY St Louis Mo
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hosp = V

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2189
d. STREET ADDRESS (If rural, give location) 3119 Clark

3. NAME OF DECEASED (Type or Print) a. (First) LATER IDENTIFIED AS WILLIAM FRED b. (Middle) WILLIAM c. (Last) POWERS POWELL

4. DATE OF DEATH (Month) 12 (Day) 15 (Year) 50

5. SEX Male
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Wk 9
8. DATE OF BIRTH Unk 1893
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wk
10b. KIND OF BUSINESS OR INDUSTRY Wk
11. BIRTHPLACE (State or foreign country) Wk 9
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Wk
13b. MOTHER'S MAIDEN NAME Wk
14. NAME OF HUSBAND OR WIFE Wk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Wk (If yes, give war or dates of service) Wk
16. SOCIAL SECURITY NO. Wk
17. INFORMANT'S SIGNATURE OR NAME V. Clayton ADDRESS 1300 Clark

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ____ 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) Urania
DUE TO (c) Contrib. Chronic Interstitial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Tissue
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 59.2 X

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 8:50 m., from the causes and on the date stated above.*

23a. SIGNATURE Alfred Wiley Deputy Coroner (Degree or title)
23b. ADDRESS 1300 Clark
23c. DATE SIGNED 1/5/51

24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE 6 JAN 11 1951
24c. NAME OF CEMETERY OR CREMATORY Hillsboro Court
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. JAN 11
REGISTRAR'S SIGNATURE J. B. Lassiter
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland Mortuary Service Inc. 4164 Manchester Ave. St. Louis 10, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 21 1958

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 Students of Mortuary College working under my personal supervision.

Student Embalmer No.....

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

Signed.....
Student Embalmer

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.

State of Missouri } ss.
City of St. Louis

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 43776

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 262

On this 23rd day of January, 1951, before me appears _____, who, upon _____ oath, states that the original record of ~~birth~~ death for William Powers, ~~born~~ died Dec. 25, 1950, in the State of Missouri, and which was filed at St. Louis on _____, 19____, should be corrected as follows:

Item No. 9 should read age est. 57

Instead of 62

Item No. 8 should read abt. 1893

Instead of unknown

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joseph McGuire

Relationship Deputy Coroner

1300 Clark

Present Address.

Subscribed and sworn to before me this 24 day of Jan., 1951.

My Commission expires 3-4-53 Ella P. Pabbock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—4-43
I X38667