

14609

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4023

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

FILED MAY 12 1951

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, 2059</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital.</b>		d. STREET ADDRESS (If rural, give location) <b>6142 Waterman Avenue, 0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JOHN</b>	b. (Middle) <b>RUSH</b>	c. (Last) <b>POWELL.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 25, 1951.</b>
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5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>Mch 21, 1874.</b>	9. AGE (In years last birthday) <b>77.</b>	IF UNDER 1 YEAR Months   Days	IF UNDER 24 HRS. Hours   Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Instructor, English., Washington Univ.,</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Columbus, Mississippi. /</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Smith Powell.</b>	13b. MOTHER'S MAIDEN NAME <b>Julia Blanche Rush.</b>	14. NAME OF HUSBAND OR WIFE <b>Ida Adaline Powell.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no. NO.</b>	16. SOCIAL SECURITY NO. <b>None.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs J. R. Powell, 6142 Waterman Avenue.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>5-7 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDIAL INFARCTION</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>CORONARY ARTERY THROMBOSIS</b> DUE TO (c) <b>ARTERIOSCLEROSIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>4201</b>
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22. I hereby certify that I attended the deceased from **12:18, 1950** to **4:25, 1951**, that I last saw the deceased alive on **4:25, 1951**, and that death occurred at **10:35P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Robert E. Seach</b>	23b. ADDRESS <b>35 N. Central, Clayton, Mo.</b>	23c. DATE SIGNED <b>4-26-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation.</b>	24b. DATE <b>Apr. 27, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory.</b>	24d. LOCATION (City, town, or county) (State) <b>7600 St. Charles Road.</b>
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DATE REC'D BY LOCAL REG. <b>APR 28 1951</b>	REGISTRAR'S SIGNATURE <b>J. B. Lasater</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr Robert Koch.  
#35 N. Central Ave,  
Hrs: Thur: 1 - 6 P.M.

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 *Melvin L. Kemper*

Licensed Embalmer No. *405-2*

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.