

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21614

FILED JUL 13 1951

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2554

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>3 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Overland</u>		424X
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>8910-Sycamore Court</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Price</u> c. (Last) <u>Powell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 29, 1951</u>		
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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>Feb. 22, 1897</u>		9. AGE (In years last birthday) <u>54</u>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own business</u>	11. BIRTHPLACE (State or foreign country) <u>New Florence, Mo.</u>		12. COUNTRY OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Millie Craig</u>		14. NAME OF HUSBAND OR WIFE <u>Myrtle L. Powell</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle L. Powell</u> ADDRESS <u>8910-Sycamore Ct-Overland</u>		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive Failure</u>		<u>2 yrs.</u>
	DUE TO (c) <u>Coronary Thromboses</u>		<u>3 yrs.</u>
	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 <u>4203</u>		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) (Min.)		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 June 19 1951, to June 29, 1951, that I last saw the deceased alive on June 29, 1951, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ralph Kusella</u> (Degree or title)		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>7/2/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Florence Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>New Florence, Mo. Motor</u>	
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DATE REC'D BY LOCAL REG. <u>7-2-51</u>	REGISTRAR'S SIGNATURE <u>Robert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumgardner</u> ADDRESS <u>2504 Woodson Rd-Overland-Mo.</u>		
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(Licensed Embalmers Only - Seal on Reverse Side)

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

working under my personal supervision.

Student Embalmer No.....

Signed Oscar F Mueller

Signed.....  
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 76

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.