

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

29910

State File No.

FILED SEP 3 - 1952

BIRTH NO. 56171 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7855

1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2066</u>			
b. CITY OR TOWN <u>St. Louis, Mo</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>6</u> <u>4945 Highland Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Infirmary</u>			3. NAME OF DECEASED a. (First) <u>Tyrone</u> b. (Middle) <u>Powell</u> c. (Last) <u>Powell</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>16</u> <u>1952</u>			4. DATE OF DEATH (Month) (Day) (Year)			
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>0</u>	8. DATE OF BIRTH <u>August 15, 1952</u>		9. AGE (in years last birthday) <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Leo Powell</u>		13b. MOTHER'S MAIDEN NAME <u>Daisy Lapsley</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Powell</u> ADDRESS <u>4945 Highland Ave.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart Disease</u> ANTECEDENT CAUSES <u>Prematurity.</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) (Min.)	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>7544</u>			
22. I hereby certify that I attended the deceased from <u>Aug 15, 1952</u> to <u>Aug 16, 1952</u> that I last saw the deceased alive on <u>Aug 16, 1952</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>Wm Smiley M.D.</u>			23b. ADDRESS <u>405 - a - Easton</u>		23c. DATE SIGNED <u>8-18-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> <u>4</u>	24b. DATE <u>8/19/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>AUG 19 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.W. Roberts</u> ADDRESS <u>1416 N. Taylor Ave.</u>			

(Licensed Embalmer's Statement 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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

James A. Carter

Licensed Embalmer No. 4681

P. O. Address 4923 Surfside

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.