

30425

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

XC 11 716 831

Reg. 103,662

FILED AUG 15 1952

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 500

Registrar's No. 2075

1. PLACE OF DEATH a. COUNTY ST. LOUIS COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFF. BRKS. MO.		c. LENGTH OF STAY (In this place) 10 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS					
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADM. HOSP.				d. STREET ADDRESS (If rural, give location) 5657 THEODOSIA					
3. NAME OF DECEASED (Type or Print) a. (First) HUGH		b. (Middle) P.		c. (Last) POWERS		4. DATE OF DEATH (Month) (Day) (Year) 8/1/52			
5. SEX 0 MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH 5/15/12			
9. AGE (In years last birthday) 40 yrs.		10. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME JAMES POWERS			13b. MOTHER'S MAIDEN NAME ANNA NAUGHTON			14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) YES WORLD II		16. SOCIAL SECURITY NO. 492095161		17. INFORMANT'S SIGNATURE OR NAME ADDRESS V. A. HOSPITAL RECORDS					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF THE LIVER ANTECEDENT CAUSES DUE TO (b) 5810 DUE TO (c) 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE		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) V.A.		21e. INJURY OCCURRED WHOLE AT WORK <input type="checkbox"/> NOT WHOLE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 7/22, 1952, to 8/1, 1952, and that the death occurred at 8:50 Pm., from the causes and on the date stated above.									
22a. SIGNATURE EDWARD J. SZCZYK (Degree or title) Edward J. Szczyk M.D.				22b. ADDRESS V.A. HOSPITAL - JEFF. BRKS. MO.		22c. DATE SIGNED			
23a. BURIAL CREMATION, REMOVAL (Specify)		23b. DATE Aug. 5 1952		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 8-4-52 Herbert R. Donke MO				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.					

(Licensed Embalmer's Statement on Reverse Side)

sw

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 John J. Harris
Licensed Embalmer No. 4108
P. O. Address Albany 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.