

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43735**

Registrar's No. **11045**

No. 300
10.48

FILED DEC 24 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		State File No. 43735		Registrar's No. 11045							
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____											
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN _____			c. LENGTH OF STAY (in this place) _____			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2139						
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal St.											
3. NAME OF DECEASED (Type or Print) a. (First) MINNIE			b. (Middle) _____			c. (Last) POWELL			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1952						
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW		8. DATE OF BIRTH Nov. 30-1899		9. AGE (in years last birthday) 53		10. MONTHS 53		11. HOURS 53		12. MINUTES 53	
10a. USUAL OCCUPATION (Give kind of work done during most of the life, even if retired) _____				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo				12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME Frank Bradford				13b. MOTHER'S MAIDEN NAME Nancy Dowdy				14. NAME OF HUSBAND OR WIFE Dead							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____				16. SOCIAL SECURITY NO. _____				17. INFORMANT'S SIGNATURE OR NAME Bessie Monroe				ADDRESS 2814 Lasalle			
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.				<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease ANTECEDENT CAUSES Generalized Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 5yrsx			
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? 4200							
22. I hereby certify that I attended the deceased from Jan. 1, 1945 , to Nov. 30, 1952 , that I last saw the deceased alive on Nov. 30, 1952 , and that death occurred at 12 noon , from the causes and on the date stated above.															
23a. SIGNATURE John Schlenker, M.D. (Degree or title)						23b. ADDRESS 5400 Arsenal St.				23c. DATE SIGNED 11/30/52					
24a. BURIAL, CREMATION, REMOVAL Removal				24b. DATE Dec 2-52		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetery				24d. LOCATION (City, town, or county) (State) Lamey St. Louis CO					
DATE REC'D BY LOCAL REG. DEC 1 1952				REGISTRAR'S SIGNATURE J. Earl Smith, M.D.				25. GENERAL DIRECTOR'S SIGNATURE J. J. Watson ADDRESS 2769 Chouteau							

(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 _____

Licensed Embalmer No. 269

P. O. Address 2769

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.