S. No. 300
v. 10.48

FILED DEC 16 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42716

State File No. 10433

BIRTH NO. 83205-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Louis Maternity

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis 2069
d. STREET ADDRESS (If rural, give location): 6 5075 Wells Avenue 0

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): Powell

4. DATE OF DEATH (Month) (Day) (Year): October 19 1954

5. SEX: "B" Female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: October 18 1954
9. AGE (In years last birthday): If under 1 year: Months / Days 1; If under 1 hrs.: Hours 3 / Min. 20

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): St Louis Missouri 0
12. CITIZEN OF WHAT COUNTRY? —

13a. FATHER'S NAME: Benjamin Powell
13b. MOTHER'S MAIDEN NAME: Thelma Sproling
14. NAME OF HUSBAND OR WIFE: —

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: Benjamin & Thelma Powell ADDRESS: Above

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? 7625

22. *I hereby certify that I attended the deceased from* Oct 18, 1954, *to* Oct 19, 1954, *that I last saw the deceased alive on* Oct 19, 1954 *and that death occurred at* 1:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph P. Wooly
23b. ADDRESS: 630 S. Kingshighway
23c. DATE SIGNED: 10-31-54

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24a. BURIAL, CREMATION, REMOVAL (Specify)
24b. DATE: 11-30-54
24c. NAME OF CEMETERY OR CREMATORY: Anatomical Board
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: NOV 17 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD MSB
25. FUNERAL DIRECTOR'S SIGNATURE: Rowland-Aker ADDRESS: 4104 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.