

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

FILED JAN 18 1955  
XC # 171 79 29  
REG # 5070  
ST # 3814

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43919**  
Registrar's No. **11491**

REG. DIST. NO. **818** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>915 N. GRAND, ST. LOUIS, MO.</b>		c. LENGTH OF STAY (In this place) <b>15 DAYS</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>		e. STREET ADDRESS (If rural, give location) <b>13 5385 ARSENAL</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b> b. (Middle) <b>J</b> c. (Last) <b>POWELL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-16-54</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>9-6-91</b>	9. AGE (In years last birthday) <b>63</b>	10. UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>POLICEMAN—ST. LOUIS</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>POLICE DEPT.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>WRIGHT POWELL</b>		13b. MOTHER'S MAIDEN NAME <b>MARY MAHER</b>	
14. NAME OF HUSBAND OR WIFE <b>THERESA POWELL</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>494-36-4731</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</b>		ADDRESS	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF PROSTATE WITH METASTASIS</b>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>12-3-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>CARCINOMA OF PROSTATE</b>		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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>177X</b>	
22. I hereby certify that I attended the deceased from <b>12-1-54</b> , 19___, to <b>12-16-54</b> , 19___, and that death occurred at <b>4:52 P. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <i>R. W. Minnihan</i> <b>R. W. MINNIHAN</b>		23b. ADDRESS <b>M. D. VAH, ST. LOUIS, MISSOURI</b>		23c. DATE SIGNED <b>12-16-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>DEC. 20, 1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>RESURRECTION CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS CO., MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Carl Smith</i> <b>KRIEGSHAUSER 4228 S. KINGS HIGHWAY BL.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 17 1954</b>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <b>KRIEGSHAUSER 4228 S. KINGS HIGHWAY BL.</b>	

-01-4911

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 ..... Signature of Student Embalmer

Signed *John C. Hammann*

Licensed Embalmer No. 453

P. O. Address *Union N*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.