

FILED NOV 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38144**
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9513**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY OR TOWN St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Ann's Hospital		STREET ADDRESS (If rural, give location) 11 1805 North Sarah	
3. NAME OF DECEASED (Type or Print) Beverly		4. DATE OF DEATH (Month) (Day) (Year) Oct 27 1955	
5. SEX Female		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never		8. DATE OF BIRTH 26 May 51	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Barbara Pearson	
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 Barbara Pearson ADDRESS 1805 North Sarah	
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) Carbon Monoxide Poisoning suffered when fire occurred at 1805 North Sarah Street about 322 pm, October 27th 1955. Criminal Carelessness on the part of Gertha Mae Powell. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION all the part of Gertha Mae Powell	
20. AUTOPSY? YES ☒ NO ☐		21a. ACCIDENT (Specify) Carbon monoxide	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) St Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 27 55 322 pm		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR? COO E 892.0		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 322 pm , from the causes and on the day stated above.	
23a. SIGNATURE Patricia Taylor Carver		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 11/1/55		24a. BURIAL, CREMATION, REMOVAL (Specify) removed	
24b. DATE 2 Nov 1955		24c. NAME OF CEMETERY OR CREMATORY St. Louis	
24d. LOCATION (City, town, or county) (State) St Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith	
25. ADDRESS 1221 No Taylor		DATE REC'D BY LOCAL REG. NOV 1 1955	

(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.....
Signature of Student Embalmer

Signed.....
Paul V. Freeman

Licensed Embalmer No. *468*

P. O. Address *4729 Henn*

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.