

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 10 1957

State File No. **15157**
Registrar's No. **3433**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips** STREET ADDRESS (If rural, give location) **221 02308 Eugenia**

3. NAME OF DECEASED (Type or Print) a. (First) **Ella** b. (Middle) **Powell** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **April 6, 1957**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **3/24/1881** 9. AGE (in years) (Last birthday) **76** IF UNDER 1 YEAR Months **12** Days **3** IF UNDER 24 HRS. Hours **3** Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Unemployed** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **Missouri** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Unknown** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE OR NAME **Sallie Matthews** ADDRESS **2308 Eugenia**

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio Sclerotic Heart Disease**
ANTECEDENT CAUSES **Fracture of Right Femur;**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Fractured when deceased fell**
II. OTHER SIGNIFICANT CONDITIONS **Home at 2308 Eugenia St**
Conditions contributing to the death but related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **March 11, 1957. about 500 am.** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) **Accident** 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) **Mar 11 57 5:00 a.m.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **90E904.0**

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at **11:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (In full name or title) **Patrick Taylor** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **4.9.57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **4/13/57** 24c. NAME OF CEMETERY OR CREMATORY **Oakdale Cemetery** 24d. LOCATION (City, town, or county) (State) **Lemay, Missouri**

DATE REC'D BY LOCAL REG. **APR 10 '57** REGISTRAR'S SIGNATURE **J. Carl Smith MO** 25. FUNERAL DIRECTOR'S SIGNATURE **J. D. Jones** ADDRESS **1221 N. Grand Blvd.**

(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 *Mahmud Blackman*

Licensed Embalmer No. *3963*

P. O. Address *1221 N. Du*

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.