

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015405
State File No.

FILED MAY 12 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 120

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

1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Saint Charles)		c. LENGTH OF STAY (in this place) 4 1/2 mo/		c. CITY (If outside corporate limits, write RURAL and give township) Saint Charles 0923			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 125 No. Fifth St.			
3. NAME OF DECEASED (Type or Print) a. (First) Dorothy			b. (Middle) Ann		c. (Last) Powell		4. DATE OF DEATH (Month) (Day) (Year) May 3, 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 19, 1897	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR 11 Months 14 Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) secretary			10b. KIND OF BUSINESS OR INDUSTRY clerical		11. BIRTHPLACE (City and State or Foreign Country) Saint Charles, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry W. Pieper			13b. MOTHER'S MAIDEN NAME Cary Ann McQuile		14. NAME OF HUSBAND OR WIFE Robert R. Powell		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-01-2535		17. INFORMANT'S SIGNATURE OR NAME Mary Davidson ADDRESS High Ridge, Mo.			
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						INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Rheumatic Heart Disease						
	ANTECEDENT CAUSES c. pulmonary emphysema.						
	Morbidity 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. Pneumonia						
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? 2 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) 416X (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? _____			
22. I hereby certify that I attended the deceased from 1946 , 19____, to May 3, 1958 , that I last saw the deceased alive on May 3, 1958 , and that death occurred at 10 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE Vincent A. Delmonico (Degree or title) MD				23b. ADDRESS St. Charles, Mo.		23c. DATE SIGNED 5-5-58	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 6, 1958	24c. NAME OF CEMETERY OR CREMATORY Borromeo Cemetery		24d. LOCATION (City, town, or county) (State) Saint Charles, Mo.		
DATE REC'D BY LOCAL REG MAY 5 58		REGISTRAR'S SIGNATURE Margaret Wilson			25. FUNERAL DIRECTOR'S SIGNATURE H.C. Dellmeyer ADDRESS St. Charles, Mo.		

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. 48312

P. O. Address St. Charles, Mo.

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.