

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023634

STATE FILE NUMBER  
6482

FILED JUL 3 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 3004a Henrietta		Length of stay in lb 25 Yrs	d. STREET ADDRESS (If outside, give location) 3004a Henrietta
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ROBERT LEE POWELL			4. DATE OF DEATH Month Day Year June 25, 1958		
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5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 4, 1865	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist Helper	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) New Florence, Mo. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Powell	13b. MOTHER'S MAIDEN NAME Mary Devault	14. NAME OF HUSBAND OR WIFE Emma (Deceased)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Unk	17. INFORMANT Julia Quintal, 7218 Richmond, Maplewood
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18. CAUSE OF DEATH (Enter only one cause possible for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Langrene Foot, + leg left</i> <i>Generalized Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Infarctus of Age -</i> DUE TO (c) <i>Infarctus of Age -</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 mo</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>450.1</i>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION New Florence	COUNTY Missouri	STATE
21. I attended the deceased from Death occurred at <i>6:05 pm</i> on <i>May 1 1958</i> to <i>June 25/58</i> and last saw him alive on <i>June 25/58</i> on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>Edward J. Jordan M.D.</i> (Degree or title)		22b. ADDRESS <i>1504 South Grand</i>	22c. DATE SIGNED <i>27 June 58</i>	

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-28-58	23c. NAME OF CEMETERY OR CREMATORY New Florence	23d. LOCATION (City, town, or county) (State) New Florence, Missouri
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24. FUNERAL DIRECTOR McLaughlin Funeral Home, Inc. 2301 Lafayette, St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. JUN 27 58	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> S.P.
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DR. JORDON.  
1504 S. GRAND -  
FRI - 2-4 PM.

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 James R. Chapman  
Licensed Embalmer No. 4550  
P. O. Address St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.