

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042118

STATE FILE NUMBER

FILED DEC 5 1958

Registration District No. 318

Primary Registration District No. 1003

Registration No. 10695

300
-157

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, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Clayton 4452	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 4 Crestwood Drive	
Length of stay in lb One Day		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Daniel Joseph Powers			4. DATE OF DEATH Month Day Year November 6th, 1958		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 13, 1958	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (City and state or country) St. Louis Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Pierce W. Powers		13b. MOTHER'S MAIDEN NAME Estelle Brabant	
14. NAME OF HUSBAND OR WIFE Single		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Dr. Pierce Powers		Address #4 Crestwood Drive			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Burn, fire type, involving head, upper extremities, trunk 24 hrs.</i>		
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (b) <i>HL, lower extremity, 30.</i>		
OTHER CAUSE (c) <i>E916.0 16</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"/>

20a. ACCIDENT <input checked="" 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.) Short circuit on bottle warmer	
20c. TIME OF INJURY Hour Month, Day, Year 11-5-58		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) 27 Home	20f. CITY, TOWN, OR LOCATION COUNTY STATE Clayton St. Louis Co. Mo.
21. I attended the deceased from <i>6:30 Nov 58</i> to <i>6 Nov 58</i> and last saw <i>alive</i> on <i>6 Nov 58</i> Death occurred at <i>6:30 pm</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) James J. Donnelly M.D.	22b. ADDRESS 3700 Washington	22c. DATE SIGNED 7 Nov 58

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-10-1958	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
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24. FUNERAL DIRECTOR Arthur J. Donnelly	ADDRESS 3840 Lindell Blvd	25. DATE RECD. BY LOCAL REG. NOV 7 '58	26. REGISTRAR'S SIGNATURE Carl Smith M.D.
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

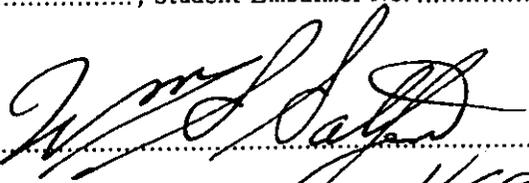
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 
Licensed Embalmer No. 4699
P. O. Address 3840 Lind

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.