

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-047360

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3574 STATE FILE NUMBER

AMENDED

FILED JAN 9 1962

1. PLACE OF DEATH
a. COUNTY St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Clayton Length of stay in 1b yrs: _____

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA St. Louis Co. Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Clayton Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 6633 Alamo Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES POWELL

4. DATE OF DEATH Month Day Year 12-14-61

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 1-19-1898 9. AGE (last birthday) 63

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator (retired) 10b. KIND OF BUSINESS OR INDUSTRY Bar and Grill 11. BIRTHPLACE (City and state or country) Brooklyn N.Y. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME David Podolsky 13b. MOTHER'S MAIDEN NAME Dora (unk) 14. NAME OF HUSBAND OR WIFE Bessie Powell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address Mrs. Bessie Powell 6633 Alamo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Miscellaneous ureaprotein

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH 11 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE *HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION COUNTY STATE _____

21. I attended the deceased from August 1950 to December 61 and last saw him alive on Nov. 24, 1961

Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 3701 Grandel Sq 22c. DATE SIGNED 12-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 12-17-61 23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth Cem. 23d. LOCATION (City, town, or county) (State) Univ. City, Mo.

24. FUNERAL DIRECTOR ADDRESS Berger Memorial 4715 McPherson 25. DATE RECD. BY LOCAL REG. 12-16-61 26. REGISTRAR'S SIGNATURE [Signature]

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St. Louis

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.