

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2578

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. Deaconess Hosp) St. .... (Ward)

File No. ....  
 Registered No. 116

**2. FULL NAME**

Harriet T. Powell  
 (a) Residence No. #3965 De Fonty, St. 17 Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beatrice Powell</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mch, 26<sup>th</sup>, 1877</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>9</u>
	DAY <u>8</u>	IF LESS than 1 day, <u>  </u> hrs. or <u>  </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Bookkeeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Lumber Co.</u> (c) Name of employer <u>Office work.</u>		
9. BIRTHPLACE (CITY OR TOWN) <u>England.</u> (STATE OR COUNTRY)		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4<sup>th</sup> 1921

17. I HEREBY CERTIFY That I attended deceased from 1920 to 1921, and that I last saw h. alive on Jan 31, 1921, and that death occurred, on the date stated above, at 4 00 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Myocarditis - Chronic  
10 months

CONTRIBUTORY (SECONDARY) 1 year 38 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? no DATE OF     
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Wallerstein  
 (Signed) M. Geo. Tonin M. D.  
 (Address) 5249 Raymond

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Reiving Tomb DATE OF BURIAL 1-5-21

20. UNDERTAKER C. R. Rupton ADDRESS #4449 Olive Street.

PARENTS

10. NAME OF FATHER <u>Harry T. Powell</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>England.</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Emma Stanford</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>England.</u> (STATE OR COUNTRY)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

14. INFORMANT Mrs. Beatrice Powell  
 (Address) #3965 De Fonty, St.

15. FILED JAN - 4 1921 Mar G. Starneoff  
 FILED 19    REGISTERED

Dr. [unclear] |  
#5249 Raymond, Ave.  
Forest #4449.  
12 = 12.