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

Do not use this space.

18396

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 172

City Koch (No. ..... St. ..... Ward)

2. FULL NAME Powers, Matt

(a) Residence. No. 1601 S. Broadway St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 0 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Katie Powers

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 2 1878

7. AGE: Years 49 — Months 6 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Cooper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jugo Slovakia

PARENTS

10. NAME OF FATHER: Louis Powers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Croatia
12. MAIDEN NAME OF MOTHER: Mattie Vokalige
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Croatia

14. INFORMANT: R. Koch Hospital Records
(Address) Koch, Mo.

15. FILED May 24, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 24, 1928

17. I HEREBY CERTIFY, That I attended deceased from Apr 28, 1926 to May 24, 1928 that I last saw him alive on May 24, 1928, and that death occurred, on the date stated above, at 8:45 AM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

About (duration) 2 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X Rauy & Sputum

(Signed) Walter Wagner, M. D.
May 24, 1928 (Address) Koch Hospital

*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: St Peter & Paul — DATE OF BURIAL: May 26 1928

20. UNDERTAKER: Geo. C. Moydell — ADDRESS: 1926 Allen

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.