

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

Do not use this space.

18667

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo** (No. **Christian Hospital**)  
 File No. ....  
 Registered No. **5056** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **8574 Concord Place**, **8** Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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** Mary Powers

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) July 20<sup>th</sup> 1869

**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
 58 | 9 | 17

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

**9. BIRTHPLACE** (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

**10. NAME OF FATHER** Peter Powers

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER** Johana Gorman

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Ireland  
 (STATE OR COUNTRY)

**14. INFORMANT** Mrs Mary Powers  
 (Address) 8574 Concord Place

**15. FILED** MAY - 8 1928  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) May 7<sup>th</sup> 1928

**17. I HEREBY CERTIFY**, That I attended deceased from Jan. 13, 1913 to May 7, 1928 that I last saw h. im. alive on May 7, 1928 and that death occurred, on the date stated above, at 10:25 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Aortic Insufficiency  
 131

**CONTRIBUTORY** Chronic interstitial nephritis (SECONDARY) (duration) 3 yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) J. A. Van Hoefen, M. D.  
 5/8, 1928 (Address) 8313 Halle Ferry Rd

\*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** Calvary  
 DATE OF BURIAL May 10, 1928

**20. UNDERTAKER** Math Hermann & Son 3856 - Carter

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

