

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

Do not use this space.

25398

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City St. Louis, Mo. (No. 5171 Cates Ave)

File No.....

7208

Registered No.....

St.....

Ward.....

2. FULL NAME

Nancy Jane Powers

(a) Residence. No. 5171 Cates Ave, St. 5 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 12 - 1916

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

11

7

28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

School girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Charles A. Powers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Clinton - Ill.

12. MAIDEN NAME OF MOTHER

Marguerite Dineen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Boonville - Indiana

14.

INFORMANT

(Address)

Marguerite L. Powers
5171 Cates Ave

15.

FILED

10 1928

May C. Starkley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

July 10th 1928

17.

I HEREBY CERTIFY, That I attended deceased from

Sept 5, 1927, to July 10, 1928

that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 4 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Subacute bacterial

92A

Endocarditis

91A Streptococcus viridans

31

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY)

mitral regurgitation

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

John Zolensky, M. D.

July 10, 1928 (Address) 536 N. Tayer

*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

DATE OF BURIAL

Lake Charles Cem

July 12 - 1928

20. UNDERTAKER

C. R. Lupton

ADDRESS

4849 Olive St

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.

