

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

Do not use this space.

11611

1. PLACE OF DEATH

County.....

Registration District No. 70

Township.....

Primary Registration District No. 1005

City St. Louis (No. City Hospital)

File No.

Registered No. 2828

St. Ward)

2. FULL NAME

(a) Residence. No. 1762 Missouri St., 23 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. 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

Lucille Powers

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

April 30 - 1888

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

41

10

3

8. OCCUPATION OF DECEASED

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

clerk

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

Office

(c) Name of employer

W. Market Garage

9. BIRTHPLACE (CITY OR TOWN)

St. Louis

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Pat's Powers

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

12. MAIDEN NAME OF MOTHER

Rebecca Muldowney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ireland

14.

INFORMANT

(Address)

E. Rowan

City Hosp

15.

FILED

1931

M. J. O'Connell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 3rd 1931

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 23rd 1931, to Mar. 3rd 1931, that I last saw him alive on Mar. 3rd 1931, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY)

25A (duration) yrs. mos. ds.
laryngeal tuberculosis (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? refused

WHAT TEST CONFIRMED DIAGNOSIS

Chemical laboratory & W. J. W. Scherman, M. D.

(Signed)

1931 (Address)

City Hosp.

*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

Calvary Cem

3/5/31 19

20. UNDERTAKER

ADDRESS

Thomas J. Luman

1519 S. Grand, Wash. D.C.

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.

Down

mount
61-844