

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

Do not use this space.

**2799**

**1. PLACE OF DEATH**

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City *St. Louis Mo.* (No. *St. Paul Hosp.*)..... St. .... Ward)

File No.....  
 Registered No. **503**  
 St. .... Ward)

**2. FULL NAME**

*Harry Power*  
 (a) Residence, No. *1719<sup>a</sup> N. 9<sup>th</sup>* St., *26* Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *1* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>February 21-1898</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>33</i>	<i>10</i>	<i>23</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Pipe fitter 58</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>St. Louis Ref. Co.</i>			
	10. Date deceased last worked at this occupation (month and year) <i>St. Louis 1932</i> 11. Total time (years) spent in this occupation.			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Mo.</i>				
FATHER	13. NAME <i>William Power</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>England</i>			
MOTHER	15. MAIDEN NAME <i>Johanna Lammner</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Germany</i>			
17. INFORMANT (ADDRESS) <i>Mr. Wm Power 1719<sup>a</sup> N. 9<sup>th</sup> St.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oak Grove</i> DATE <i>June 18 1932</i>				
19. UNDERTAKER (ADDRESS) <i>Hy. Leidner and Co 1107 N. Market St.</i>				
20. FILED <i>Max C. Stork</i> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

*n*  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 14 1932*  
 22. I HEREBY CERTIFY That I attended deceased from *No Physician in Attendance*  
 I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at *3:40* p.m.  
 The principal cause of death and related causes of importance were as follows:  
*Shock & Injuries (Fractured Skull) fall down Elevator Hatch 1025<sup>th</sup> St. Louis Mo.*  
 Other contributory causes of importance:  
*Whether Criminal or Accidental could not be ascertained*  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? *yes*  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *Accident* Date of injury *1-13 1932*  
 Where did injury occur? *St. Louis Mo.*  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. *Industry*  
 Manner of injury *fall down Elevator Hatch*  
 Nature of injury *fractured skull*  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify (Signed) *J. W. Kenner M.D.*  
 (Address) *Dep. Coroner*

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.

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

