

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

Do not use this space.

4155

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City ST Louis (No. City Hospital #1)

File No.....

Registered No. 1126

St. Ward)

2. FULL NAME

(a) Residence, No. 3804 St Louis St., 110 Ward.

(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 3rd 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST Louis MO

13. NAME Mrs Powers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Johanna Peggan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs Nellie Bowers (ADDRESS) 3804 ST Louis ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE 2-1-1933

19. UNDERTAKER Gullen Kelly (ADDRESS) 1416 N Tipton ave

20. FILED IN 31 1933 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11:00 AM, 19... to ... 19... Death is said to have occurred on the date stated above, at 2:30 PM.

The principal cause of death and related causes of importance were as follows:

210M
59M
Block - Dynamite Compound
Comminuted Fracture of Leg,
Fractured Clavicle, Pulmonary
Haemorrhage, remained when struck

Other contributory causes of importance:

by auto in St. Louis Mo
Deceased was a pedestrian
Prisoned Prisoner

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? Violence Date of injury 1/26, 1933

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. Public Place

Manner of injury Struck by auto

Nature of injury fractured clavicle

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. P. Greeney

(Address) St Louis Mo

1/30/33

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.

