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.

APR 25 1934

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

Do not use this space.

11245

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3137

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. St. Mary's Infirmary St. ..... Ward)

2. FULL NAME Dewey Powers

(a) Residence, No. 3128 Pine St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

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

7. AGE: YEARS 52 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Maintenance Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Louisiana

FATHER
13. NAME Robert Powers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

MOTHER
15. MAIDEN NAME Kitty ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Gertrude Powers-Wife 3128 Pine St

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis U DATE 3-21 1934

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutgers St

20. FILED APR 28 1934, 19 J. A. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1934, to March 20, 1934

I last saw him alive on March 20, 1934 Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Fibrinous purulent peritonitis
Toxic degeneration of all viscera

Date of onset

Other contributory causes of importance:
Diverticulitis
cystitis

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? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) R. W. White, M. D.
(Address) St. Mary's Infirmary