

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

Do not use this space.

1. PLACE OF DEATH

County Lutheran Hospital Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis mo (No. _____)

File No. 26904
Registered No. 7136
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3736 Pages St. 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 17-1934</u>		
7. AGE	YEARS	MONTHS DAY
<u>9 days</u>	<u>July</u>	<u>17</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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)	<u>St. Louis mo</u>	
FATHER	13. NAME <u>Frank C. Powers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>	
MOTHER	15. MAIDEN NAME <u>Catherine Dawson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
17. INFORMANT (ADDRESS)	<u>J. Schuyler P. St. Lutheran Hospital</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Calvary</u> DATE <u>7/20</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS)	<u>John Collins 1000 Pine</u> <u>928 N. Grand Blvd</u>	
20. FILED	<u>20</u> 19 <u>34</u> 19 <u>10</u> <u>J. Bradeck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-1934

22. I HEREBY CERTIFY, That I attended deceased from 7-17-1934 to 7-19-1934.
I last saw him alive on 7-19-1934. Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:
Intravascular
1575 Septum
1930
Date of onset born

Other contributory causes of importance:
Anemia - 1570

Name of operation No Date of _____
What test confirmed diagnosis? Findings 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) Joseph Douglas, M. D.
(Address) 4700 Graves

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.

AUG 16 1934

RECORDS SECTION - MISSOURI STATE BOARD OF HEALTH

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