1936

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

Do not use this space.

20657

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis (No. Barnes Hosp. St. ..... Ward)

File No.....

Registered No. 4831

2. FULL NAME Carrie Kehlor Power

(a) Residence, No. 27 Vaucrenton Pl. St., ... Ward. .....
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. H. Power

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
74	1	21	

OCCUPATION

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

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) New Orleans (STATE OR COUNTRY) La.

FATHER

13. NAME J. B. M. Kehlor

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

MOTHER

15. MAIDEN NAME Laura W. Rust.

16. BIRTHPLACE (CITY OR TOWN) Waterford (STATE OR COUNTRY) Wis.

17. INFORMANT Eugene Potter (ADDRESS) 1605 Locust St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Bellefontaine DATE May 4 1936

19. UNDERTAKER Wagoner Und. Co. (ADDRESS) 3621 Olive St.

20. FILED MAY - 3 1936 J. F. Broeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1936

22. I HEREBY CERTIFY, That I attended deceased from April 24 1936, to May 1 1936

Last saw h. alive on May 1 1936 Death is said to have occurred on the date stated above, at 2:22 p.m.

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

	Date of onset
Bronchopneumonia	4-23-36
chronic myocarditis	

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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) Chas. L. Houghland, M. D.

(Address) Barnes Hospital.

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.