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

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.

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

Do not use this space. 24577

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6197

City St. Louis (No. 3640a. St. Louis Ave. St. ..... Ward)

2. FULL NAME Theresa M. Powers

(a) Residence, No. 3640a St. Louis Ave. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 21, 1858

7. AGE: YEARS 77 MONTHS 6 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): May 1936
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

FATHER

13. NAME: William Passmore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

MOTHER

15. MAIDEN NAME: Marthia Kopp
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis, Mo.

17. INFORMANT (ADDRESS): William F. Powers, 3640a St. Louis Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 6/20/36, 19

19. UNDERTAKER (ADDRESS): Cullen-Kelly, 1416 N. Taylor Ave.

20. FILED JUN 17 1936 19 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-16-, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-12-, 1936, to 6-16-, 1936

I last saw her alive on 6-16-, 1936. Death is said to have occurred on the date stated above, at 9 45 pm.

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

Cancer of Cheek 45

Date of onset

Other contributory causes of importance:

Bronchial Pneumonia

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

What test confirmed diagnosis? Clinical 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? no

If so, specify .....

(Signed) [signature] M. D.

(Address) 3519 Hebert, St. Louis

100M-11-24-33