

NOV 4 1936

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

Do not use this space.

39462

1. PLACE OF DEATH

County..... Registration District No. **1003**  
Township..... Primary Registration District No. ....  
City St. Louis (No. 1337) Clara Ave. St. .... Ward)

File No. ....  
Registered No. **10501**  
St. .... Ward)

2. FULL NAME Annie J. Powers

(a) Residence, No. 1337 Clara St., 6 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John T. Powers</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 2, 1854</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>11</u>
	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house wife.</u>	
	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>Ireland</u>		
MOTHER	13. NAME <u>John Devin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
	15. MAIDEN NAME <u>Bridget Dunnigan</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>Frank Powers</u> <u>1337 Clara Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cem.</u> DATE <u>10/21/36</u>		
19. UNDERTAKER (ADDRESS) <u>Joseph and Co. Inc.</u> <u>7446 Manchester Ave.</u>		
20. FILED <u>OCT 19 1936</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

No Phy seen in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:30 p. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset  
Arteriosclerosis  
Senility

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) Harold N. Schulz M. D.  
(Address) Jefferson

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 - DEPARTMENT OF HEALTH

