

MAR 5 - 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County .....

Registration District No. 791

Township .....

Primary Registration District No. 1003

City St. Louis, Missouri

(No. Firmin-Desloge Hospital) St. Ward

File No. 8258

Registered No. 1708

St. Ward

## 2. FULL NAME

Neil Powderly

(a) Residence, No. 514 N. 29th Street

St. nr

Ward. East St. Louis, Illinois

(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 <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 3rd, 1891</b>				
7. AGE	YEARS <b>45</b>	MONTHS <b>7</b>	DAYS <b>4</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Practical Nurse</b>			
	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) <b>1937</b>		11. Total time (years) spent in this occupation <b>10 Ye</b>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>McLeystown, Illinois</b>				
FATHER	13. NAME <b>John Powderly</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Carlisle Pennsylvania</b>			
MOTHER	15. MAIDEN NAME <b>Jane Dwyer</b>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>			
17. INFORMANT (ADDRESS) <b>Viol<sup>a</sup> Weigenborn 514 N. 29th Street, East St. Louis, Ill.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Waterloo, Illinois</b> DATE <b>February 10th/37</b>				
19. UNDERTAKER (ADDRESS) <b>Albert H. Hoppe Inc., 429 N. Euclid Avenue</b>				
20. FILED <b>FEB 8 - 1937</b> <i>J. F. Breddick</i> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>Feb 7 1937</b>
22. I HEREBY CERTIFY, That I attended deceased from <b>1-4</b> , 19 <b>36</b> to <b>Feb 7</b> , 19 <b>37</b>
I last saw <b>her</b> alive on <b>Feb 7</b> , 19 <b>37</b> . Death is said to have occurred on the date stated above, at <b>12:02 A.M.</b>
The principal cause of death and related causes of importance were as follows: <b>Acute Myocardial Infarction + Sepsis</b> <b>Diabetes Mellitus</b>
Date of onset
Other contributory causes of importance: <b>59</b>
Name of operation
Date of
What test confirmed diagnosis?
Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) <b>J. F. Breddick</b> , M. D.
(Address) <b>1325 S. Grand</b>

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.

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