MAY 7 1937

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

Do not use this space.

File No. 14188
Registered No. 3684

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME Elizabeth Powers

(a) Residence, No. 3671 Lafayette Ave. St., 17 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.

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.

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 Pierce A. Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	7	7	

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) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME William F. Boedeker

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

MOTHER

15. MAIDEN NAME Catherine Broderick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT Dr. Pierce A. Powers
(ADDRESS) 3671 Lafayette Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt. DATE 4-6, 1937

19. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.

20. FILED APR 5 1937 J. H. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1934, to 4-3-, 1937
I last saw he r alive on 4-3-, 1937. Death is said to have occurred on the date stated above, at 10.45 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
(Hypertensive)	

Other contributory causes of importance:

93C

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 ....., 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) Carl J. Lee, M. D.
(Address) 3724 Washington

3720 Washington