

7294
No. 2
1-10-39
12-15-40

MAY 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____
Registrar's No. 3139

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Annie Powers 620

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 8, 1877
(Month) (Day) (Year)

8. AGE: Years 62 Months 4 Days 24
If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Ann Powers

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Donovan

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. M. Thasserre

(b) Address 2470 Brown Road

17. (a) burial (b) Date thereof 4-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Celway

18. (a) Signature of funeral director _____

(b) Address 1125 J. J. Diamond Ave

19. (a) APR 4 1940 (b) J. F. [Signature]
(Date received local registry) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St. Louis 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1425 Clara Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2,
year 1940 hour 3:20 minute _____ A. M.

21. I hereby certify that I attended the deceased from March 16,
1940, to April 2, 1940;
that I last saw her alive on April 2, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Cardio-renal Disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95P

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. [Signature] (M. D. or other) _____

Address 1515 Lafayette Date signed 4/2/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____, working under my personal supervision.

Signed

Jas. W. Clark

Licensed Embalmer No. *1664*

P. O. Address *1121 Ardmore*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.