

R 1706

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16078

State File No. _____

Registration District No. 774

Primary Registration District No. 200

Registrar's No. 670

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town MEHLVILLE MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MEHLVILLE MO.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME GEORGE G. POWERS. 620

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife AUGUSTA POWERS. 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased MARCH 23 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation Supt. County Highway

11. Industry or business _____

12. Name John POWERS.

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

14. Maiden name ELIZABETH WEAVER.

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

16. (a) Informant Augusta Powers

(b) Address Mehlville Mo.

17. (a) BURIAL (b) Date thereof APRIL 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY.

18. (a) Signature of funeral director E. J. Schmur.

(b) Address 3125 Lafayette Ave.

19. (a) APR - 6 1940 (b) Max M. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town MEHLVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. MEHLVILLE MO.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5
year 1940 hour 6. minute 40 pm.

21. I hereby certify that I attended the deceased from May 19
1939 to April 5 1940
that I last saw him alive on April 5 1940
and that death occurred on the date and hour stated above.

Immediate cause of death uremia. Duration 2/2/40

Due to the glomeruli nephritis. 5/19/36

Due to the myocarditis ?

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Am / 31

Of autopsy Am

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 707

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Max M. [Signature] (M. D. or other) MD

Address 512 Dowd St Date signed 3/6/40

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.....

Joseph Dollmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.