V. S. No. 2
0M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19915

State File No. 5246

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No.

000
17
9

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Sanitarium 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14yrs.3mos.5dys. (Specify whether In this community About 60yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17/3

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 2006 Lafayette (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PATRICK POWERS

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

4. Sex male 0 | 5. Color or race white | 6. (a) Single, widowed, married, divorced widowed 2

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

7. Birth date of deceased March 10, 1883 (Month) (Day) (Year)

8. AGE: Years 59 | Months 3 | Days 6 | If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Patrick Powers
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Catherine Fitzgerald
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant L. Diggen dr
(b) Address 5300 [illegible]

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6/19/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mnt Hope Cem

18. (a) Signature of funeral director [illegible]
(b) Address 7128 Michigan

19. (a) JUN 17 1942 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-41, 19, to 6-16-42, 19 that I last saw him alive on 6-16-42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death General Paresis 1928x

Due to Arteriosclerosis 1928x

Due to 30

Other conditions (Include pregnancy within 3 months of death) 0 3

Major findings: Of operations 0 4

Of autopsy

Duration

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

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

While at work? (b) Means of injury 10

23. Signature [illegible] (M. D. or other)

Address 5400 Arsenal Date signed 6/16/42

(Licensed Embalmer's Statement on Reverse Side)

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 732 Tomahawk

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, fact should be so stated above.