

FILED FEB 18 1943 18
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 1278

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony's Hospital
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Pike
(c) City or town Milton
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Abbie Powers
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Powers 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April 15 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>9</u>	<u>22</u>	hr. _____ min.

9. Birthplace Milton, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mathew Watts
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Lollie Moore
15. Birthplace Milton, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ben Watts
(b) Address Milton, Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/8/43
(Month) (Day) (Year)

(c) Place: burial or cremation Milton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Blvd

19. (a) FEB 9 1943 (Date received local registrar) J. J. J. J. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7
year 1943 hour 9:30 minute PM M.
21. I hereby certify that I attended the deceased from Jan 10
1943 to Feb 7 1943
that I last saw him alive on Feb 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia lobar left lung
Duration _____

Due to _____
Due to Right kidney removed
Other conditions Jan 26 1943
(Include pregnancy within 3 months of death)
Hypertension

Major findings: Of operations _____
Of autopsy no

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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Robert Wilson (M. D. or other) _____
Address 490 Acadia St. Date signed 2/8/43

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.....

W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.