

S. No. 2  
FORM-2-43  
Rev. 5-17-39  
1 X33697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

32276

FILED OCT 25 1945 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1002** Registrar's No. **9048**

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: **City Sanitarium**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution **40 yr. 4 mo. 9 ds.**  
In this community **79 yrs.**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **13**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1816 Elliott Ave**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **KATE POWERS**

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

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 **December 9 1866**  
(Month) **6** (Day) **12** (Year) **1871**

8. AGE: **74** Years Months **4** Days **6**  
~~70~~ ~~10~~ ~~9~~  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation **Seamstress**

11. Industry or business \_\_\_\_\_

12. Name **Timothy Powers**

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

14. Maiden name **Mary Connelly**

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

16. (a) Informant **Thelma A. Singler**

(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **John P. Collins, Inc.**

(b) Address **928 N. Grand Blvd.**

19. (a) **OCT 19 1945** (b) **J. Bredek**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** Day **18**  
Year **1945** Hour **8.30** Minute **P** M.

21. I hereby certify that I attended the deceased from **January 1st** 19 **44** to **October 18** 19 **45**  
that I last saw her alive on **October 18** 19 **45**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Broncho\*Pneumonia** Duration **2ds.**

Due to **Senility**

Other conditions (Includes pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **0**  
23. Signature **C. J. M. Camille** (M. D. or other) **M.D.**  
Address **5400 Arsenal** Date signed **1948/145**

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

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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. Walker*

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.**