

S. No. 2
OM-5-43
v. 5-17-39
I X36571

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7824**
Registrar's No. **1136**

FILED FEB 20 1946
Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Nettie E. Power.

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 Widowed

6. (b) Name of husband or wife James P. Power

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

7. Birth date of deceased Dec. 17, 1875.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>1</u>	<u>14</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob Heberer

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

14. Maiden name Julia White

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

16. (a) Informant Walter M. Power

(b) Address 2015 North & South Road

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Feb. 4/46
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) FEB 2 1946
(Date received by Registrar)

J. F. Bredesh
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis **96**

(c) City or town Venita Park
(If outside city or town limits, write "RURAL")

(d) Street No. 2015 North & South Road
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31
year 1946 hour 8.20 minute P.M. M.

21. I hereby certify that I attended the deceased from Jan 12
1946 to Jan 31 1946
that I last saw her alive on Jan 31 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration
& cardiac decompensation **17?**

Due to _____

Due to _____

Other conditions Pleural effusion - l. **3ways**
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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)

(c) Means of injury _____

23. Signature S. Klavichin Dr (M. D. or other) _____

Address 50 F. N. Crane Date signed 2-1-46

Dr. Klenschmidt
Dept. Bldg.

2-4 P.M.
JE. 4141

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.....

Alfred J. Brodeur

Licensed Embalmer No..... 2663.....

P. O. Address..... 1125 Hodiament 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, fact should be so stated above.