. S. No. 2
OM—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32916

FILED OCT 4 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8874

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Deaconess 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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5148 Riverview Blvd. 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME WALTER M. POWER
3. (b) If veteran, name war None
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Margaret
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 1 (Day) 1874 (Year)

8. AGE: Years 73 Months 8 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Horse Racing
11. Industry or business

FATHER
12. Name Walter M. Power
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Smith
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Gertrude Drier
(b) Address 4803 Hershey Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) SEP 22 1947 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sep't. day 21 year 1947 hour 1:15 minute P. M.
21. I hereby certify that I attended the deceased from 9-12 19..., to 9-21 1947, that I last saw him alive on 9-21 1947, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Ca of Stomach

Due to Carcinoma Stomach

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Ca Stomach

Of autopsy

PHYSICIAN
Underline the cause of 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? (e) Means of injury

23. Signature P B Cappel M.D. (M. D. or other) MD
Address 3284 Southwest Date signed 9/22/47

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

Jefferson City Printing Co. (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 Richard W. Stavesand

Licensed Embalmer No. 4007

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.