No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40075

FILED NOV 28 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10378

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution St. Louis City 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 MISSOURI (b) County 200

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3416 WASHINGTON 9
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Martin Francis Powers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Frances L. Powers

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

7. Birth date of deceased May (Month) 21 (Day) 1861 (Year)

8. AGE: Years 86 Months 5 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired Street carman 1

11. Industry or business Public Service Company

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

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

16. (a) Informant Margaret Lorson 1
(b) Address 2118 67th Street.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/11/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) NOV 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8 year 1947 hour 11 minute a M.

21. I hereby certify that I attended the deceased from 2, 19, to, 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Left Hip Arteriosclerosis When he fell down the steps of his home June 9 1947 about 10.00 O'Clock

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 186

Major findings:
Of operations 18

Of autopsy

Duration

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) Accident

(b) Date of occurrence June 9 1947 000

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

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

While at work? (e) Means of injury Cab

23. Signature Patrick E. Taylor Dep Cor (M. D. or other)

Address 1300 Clark Date signed 11-10-47

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 Henry W. Bramner

Licensed Embalmer No. 4200

P. O. Address St. Louis

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.