S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3557

Registration District No. FILED FEB 9 1948

Primary Registration District No. 6076

Registrar's No. 341

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Pine Crest Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years, (Specify whether
In this community Life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6-0-0

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

(d) Street No. 4004a Hydraulic, 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Wm. Powers,

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased about 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	1	25	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business

FATHER
12. Name unknown 9
13. Birthplace do 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name do
15. Birthplace do 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mamie Bernardo 1
(b) Address 4004a Hydraulic,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/28/48 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Oscar J Hoffmeister
(b) Address 4016 Chippewa at Gravois,

19. (a) 2-6-48 (Date received local registrar) (b) Cecil A Sharp MD (Registrar's signature) MSA

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Jan day 25
year 1948 hour 8 minute P M.

21. I hereby certify that I attended the deceased from Dec 20, 1947, to Jan 25, 1948
that I last saw him alive on Jan 7, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to

Due to 93d

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature R. W. Jansen (M. D. ~~or other~~)
Address Manchester Mo Date signed 1/26/48

(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.....J. Allen Davis Jr

Licensed Embalmer No.....4053

P. O. Address.....St Louis Mo

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.