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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JUL 15 1948 318
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5866**

Registration District No. _____ Primary Registration District No. **1003**

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:
City Hospital **0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1-day**
(Specify whether _____)

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. **4206 Delmar Blvd.** **9**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Walter J. Powers**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
4. Sex **M.** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **S. 0**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Nov. 17th., 1885**
(Month) (Day) (Year)
8. AGE: Years Months Days If less than one day
62 7 11 hr. min.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **28th.,**
year **1948** hour **8** minute **30** a. m.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

9. Birthplace **St. Louis** **Mo. 0**
(City, town, or county) (State or foreign country)
10. Usual occupation **Meat Cutter**
11. Industry or business _____
12. Name **Thomas Powers**
13. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)
14. Maiden name **Alice Powers**
15. Birthplace **Ireland 4**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs. Kathryn Hudson**
(b) Address **4206 Delmar Blvd.**
17. (a) **Burial** (b) Date thereof **7-1-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Celvary**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**
19. (a) **JUL 30 1948** (b) **J. F. Bredeak**
(Date received local registrar's report) (Registrar's signature)

Immediate cause of death **Ruptured Aortic Aneurysm**
Due to **30**
Due to _____
Other conditions (include 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? _____ Means of injury _____
23. Signature **Walter J. Powers** (M. D. or other) _____
Address **4206 Delmar Blvd.** Date signed **6/30/48**

USE WRITING BLACK INK—MAKE A PERMANENT RECORD

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 Stanley M. Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.