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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 23 1948**  
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
Primary Registration District No. **1003**

State File No. **28113**  
Registrar's No. **7323**

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

1. PLACE OF DEATH:  
(a) County.....  
(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 # 10  
(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)

3. (a) PRINT FULL NAME John E. Power  
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Unknown 1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months ? Days ? If less than one day  
..... hr. .... min

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Timothy Power

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

14. Maiden name Mary Conway

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

16. (a) Informant J. F. McCarthy

(b) Address 1231 Hamilton Ave.

17. (a) Burial (b) Date thereof Aug. 21-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1125 Hodiament Ave.  
AUG 20 1948 (Date received local registrar) (b) J. T. Bredel (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1231 Hamilton Ave.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19  
year 1948 hour 10 minute 30 P.M.

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

Immediate cause of death Fractured left femur  
Arteriosclerosis; suffered when de-  
ceased fell to the floor at the Little  
Sisters of the Poor Home for the Aged  
at 2209 Hebert St., on Aug. 14, 1948,  
at about 4:31 P.M.

Due to..... **ACCIDENT**

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) Accident

(b) Date of occurrence 8-14-1948

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

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

While at work? no (Specify type of place)  
(c) Means of injury see above

23. Signature John E. Power (Name of decedent)  
Address 1231 Hamilton Ave.

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.....

*Anthony Bonn*....., Registered Apprentice No. *102*  
working under my personal supervision.

Signed..... *Alfred J. Boedeker*  
Licensed Embalmer No. *2663*  
P. O. Address. *1125 Hodianna*

**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.**