

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 2915
178

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>5800 Arsenal St.</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7y, 10m, 28d</u>		d. STREET ADDRESS (If rural, give location) <u>City Infirmary 5800 ARSENAL</u>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. AGE (In years last birthday)	
a. (First) <u>Edward</u>		b. (Middle) <u>Powers</u>		c. (Last) <u>Powers</u>		6. (Month) <u>1</u>	7. (Day) <u>6</u>
8. SEX <u>Male</u>	9. COLOR OR RACE <u>White</u>	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	11. DATE OF BIRTH <u>2-15-1882</u>	12. IF UNDER 1 YEAR Months <u>6</u>	13. IF UNDER 1 YEAR Days <u>30</u>	14. IF UNDER 1 YEAR Hours <u>4</u>	15. IF UNDER 1 YEAR Min. <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>no</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>		11. BIRTHPLACE (State or foreign country) <u>Cairo ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>	
13a. FATHER'S NAME <u>Andrew Powers</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Gallagher</u>		14. NAME OF HUSBAND OR WIFE <u>Estelle Powers</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Estelle Powers, 2813 1/2 St. Louis</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				<u>1 Day</u>	
DUE TO (b) <u>Inanition and Avitaminosis</u>						<u>1949 plus</u>	
DUE TO (c) <u>Myocardial failure - (Chronic)</u>						<u>4 hours</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>42022</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Feb 9 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 9, 1942</u> , to <u>Jan. 6, 1950</u> , that I last saw the deceased alive on <u>Jan. 6, 1950</u> , and that death occurred at <u>4:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Palmer Roman Bowlich M.D.</u>				23b. ADDRESS <u>5800 Arsenal</u>		23c. DATE SIGNED <u>1-6-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-9-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL <u>JAN 8 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. [Signature]</u>		2. FUNERAL DIRECTOR'S SIGNATURE <u>Goodhart & Goodhart 2228 St. Louis,</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. Wm Bentley

Licensed Embalmer No. *365*

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.