

FILED MAR 2 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6533

318

1003

State File No. 1588
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>			c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			2199		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4440 Lindell Blvd.</u>				d. STREET ADDRESS (If rural, give location) <u>4440 Lindell Blvd.</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nellie</u>			b. (Middle) <u>B.</u>			c. (Last) <u>Powers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1951</u>	
5. SEX <u>F.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 18, 1877</u>		9. AGE (In years less birthday) <u>73</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Michael Kirk</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth McKenney</u>			14. NAME OF HUSBAND OR WIFE <u>Edward J. Powers</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Powers</u> ADDRESS <u>6250 Westminster</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive cardiac</u> DUE TO (c) <u>vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right ventricle</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u> <u>10 yr.</u> <u>15 yr.</u>		
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) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>HHB X</u>						
22. I hereby certify that I attended the deceased from <u>July</u> , 19 <u>41</u> , to <u>Feb 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Feb 15</u> , 19 <u>51</u> , and that death occurred at <u>10.15 P.M.</u> from the causes and on the date stated above.										
23a. SIGNATURE <u>Red Kramer</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>4161 Lindell</u>			23c. DATE SIGNED <u>2-16-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-19-51</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 REG. <u>FEB 16 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd</u>					

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

APR 4 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

W H VanMatre

Signed.....
Student Embalmer

Licensed Embalmer No. *2825*

P. O. Address *4340 E of Fayette*

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: