

St. Health,
& Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031382

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2314

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Normandy Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 8026 Bellerive Length of stay in lb 9yrs.
d. STREET ADDRESS (If outside, give location) 8026 Bellerive Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
ELLEN (Nell) POWERS
4. DATE OF DEATH Month Day Year
Sept. 5, 1958

5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED
WIDOWED DIVORCED 8. DATE OF BIRTH Oct. 9, 1878 9. AGE (In years last birthday) 79
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Button Hole Maker 10b. KIND OF BUSINESS OR INDUSTRY Custom Tailor 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Powers 13b. MOTHER'S MAIDEN NAME Bridget Butler 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 487-12-4611 17. INFORMANT Stella Powers Address 8026 Bellerive

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Generalized Carcinomatous
St.omatosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Dehydration
DUE TO (c) 199.2
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) Senility
INTERVAL BETWEEN ONSET AND DEATH 4-20-1958
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY .Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1947 to 1958 and last saw her alive on 9/5/58
Death occurred at 2:40 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Christine J. ... 22b. ADDRESS 4718 ... 22c. DATE SIGNED 9/5/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE Sept. 8, 58 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Mo.

24. FUNERAL DIRECTOR Ellen Kelly ADDRESS 7267 Natural Bridge 25. DATE RECD. BY LOCAL REG. 9-6-58 26. REGISTRAR'S SIGNATURE Herbert A. ...

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *James A. Lammers*

Licensed Embalmer No. *4142*
P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.