URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-031116
STATE FILE NUMBER

FILED VS AUG 26 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2101

NDED

1. PLACE OF DEATH
a. COUNTY St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy — Length of stay in 1b 2 YRS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mother of Good Counsel — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 5459 Robin Ave. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First (Kathryn) Katherine Middle G. Last Powers

4. DATE OF DEATH Month Aug. Day 3, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 12, 1876
9. AGE (last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Slaes woman
10b. KIND OF BUSINESS OR INDUSTRY Famous Barr
11. BIRTHPLACE (City and state or country) Alton, Ill.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Walter Powers
13b. MOTHER'S MAIDEN NAME Ellen McCarthy
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 496-22-6959
17. INFORMANT Mrs. Mary Witt Address 5459 Robin Avenue.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 January 1957 to July 15, 59 and last saw her/him alive on July 15, 59
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wesley E. Daylkin
22b. ADDRESS 111 Church St Ferguson, Mo
22c. DATE SIGNED Aug 4, 59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8/6/59
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.

24. FUNERAL DIRECTOR ADDRESS JOHN STYGAR & SON = 5541 RIVERVIEW BLVD.
25. DATE RECD. BY LOCAL REG. 8-5-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3980

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.