MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008171
STATE FILE NUMBER

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 53

FILED FEB 27 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0928
2 0928 2
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4 0
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12 1-0
13 4-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Charles — Length of stay in 1b: 30 Yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Charles
c. CITY OR TOWN: St. Charles — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 325 S. Third St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Vincent Middle: J. Last: Powers

4. DATE OF DEATH: Month: Feb. Day: 16 Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jul. 1, 1898
9. AGE (last birthday): 64
IF UNDER 1 YEAR: Months: 7 Days: 15
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Body Man
10b. KIND OF BUSINESS OR INDUSTRY: Automotive Ind.
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dr. Joseph V. Powers
13b. MOTHER'S MAIDEN NAME: Emeline French
14. NAME OF HUSBAND OR WIFE: Frances Amsinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Frances Power, St. Charles, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Bronchitis — 10 yr
DUE TO (c): Emphysema — 10 yr

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis Generalized

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 1957 to 1963 and last saw him alive on Feb 16 1963
Death occurred at 2 00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: WA Roggemeier (Degree or title) MD
22b. ADDRESS: St Charles, Mo
22c. DATE SIGNED: Feb 18, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Feb. 19, 1963
23c. NAME OF CEMETERY OR CREMATORY: St. Peter Cemetery
23d. LOCATION (City, town, or county) (State): St. Charles, Mo.

24. FUNERAL DIRECTOR: H.C. Dallmeyer & Sons, St. Charles, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG.: 2-18-63
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Nacke

Licensed Embalmer No. 4530

P. O. Address St. Charles, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.