

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

16824
Do not use this space.

REC'D JUN 12 1939

1. PLACE OF DEATH

(a) County Registration District No. 2
 (b) Township Primary Registration District No. Registered No. 4358
 (c) City St. Louis, Mo. (d) Street No. 720 Lafayette Ave. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anna Powers

(a) Residence, No. 720 Lafayette Ave. St. 23 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Powers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
About 56 Unknown Unknown

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER: 13. NAME John Hanrahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER: 15. MAIDEN NAME Mary Donnelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT James Powers
 (ADDRESS) 720 Lafayette Ave.

18. BURIAL, CRÉMATION, OR REMOVAL
 PLACE Calvary Cemetery DATE May 11 1939

19. FUNERAL DIRECTOR (NAME) Wm. C. Moydell
 (ADDRESS) 1926 Allen Ave.

20. FILED MAY 10 1939 J. B. Budick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1939

I HEREBY CERTIFY, That I attended deceased from March 29 1939 to May 9 1939
 I last saw her alive on May 8 1939 Death is said to have occurred on the date stated above, at 3:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral aneurysm
hypertension
myocardial degeneration
chronic nephritis

Other contributory causes of importance:

Name of operation Thyroid Date of no
 What test confirmed diagnosis Thyroid Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide. Date of injury no
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify (Signed) J. H. Dr. Power, M.D.
 (Address) 1446 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No., working under my personal supervision.

Signed *Benj. C. Duncan*

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen Ave*

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, above space should be left blank.