

No. 2  
4-13-40  
5-17-39  
PI X23159

U.S. No. 21 1044  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

8957  
State File No. 2367  
Registrar's No.

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution \_\_\_\_\_  
2035a Allen Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME EMMA POWERS

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Arthur R. Powers 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased About 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
About 61 Unknown \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Halifax, Nova Scotia 8  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name James Tufts

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Powers  
(b) Address 2035a Allen Ave.

17. (a) Burial (b) Date thereof Mar. 17-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. C. Mayfield

(b) Address 1926 Allen Ave

19. (a) MAR 15 1941 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00023  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL?")  
(d) Street No. 2035a Allen Ave.  
(If rural, give location) 0  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 14th  
year 1941 hour 11:00 minute 10 A. M.

21. I hereby certify that I attended the deceased from 3-14-41  
11:30 am, 19\_\_\_\_, to 3-14-41 11:30 am  
that I last saw h. alive on 3-14-41 11:40 am, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Embolism  
cardiac - (Post-operative) Duration 10 min

Due to Post operative (apparently) 18 days

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Supporting (ruptured)  
Of operations apparent  
Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Edward J. Hantel (M. D. number)  
Address 1504 So. Grand Date signed 3-14-41

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

50  
17  
9

**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*

**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.**