S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9092
Registrar's No. 3039

Registration District No. 1791
Primary Registration District No. 1003

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: St. John Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 096
(a) State Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6318 Wellsmar Ave., NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME John M. Powers Sr.
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bridget Powers
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Don't Know (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
A bout 76			hr. min.

9. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
10. Usual occupation Retired Street Car Man
11. Industry or business Publice Service
FATHER
12. Name John Powers
13. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)
16. (a) Informant Matthews Powers
(b) Address 6318 Wellsmare Ave.,
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.,
18. (a) Signature of funeral director Jos. W Clark
(b) Address 1125 Hodiamont Ave.,
19. (a) APR 4 1942 (Date received local registrar) (b) J. F. Riedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1942 hour 2.45 minute P.M. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia; Fracture of Left Femur; suffered in fall down stairs in his home Sunday March 29th, 1942, about midnight.
Due to ACCIDENT
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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) ACCIDENT 096
(b) Date of occurrence 3-29-1942
(c) Where did injury occur? Wellston, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NR home (Specify type of place)
While at work? (e) Means of injury
23. Signature Alfred Werry (M. D. or other) 3
Address Deputy Coroner Date signed 4/4/42

844

(Licensed Embalmer's Statement on Reverse Side)

City Coroner

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.....A. J. Neely

Licensed Embalmer No. 3225

P. O. Address 1125 Hodiamont Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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