V. S. No. 2
100M—2-43
Re 5-17-3
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30230

FILED SEP 17 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7990

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: CHRISTIAN HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 DAYS (Specify whether years, months or days)

In this community 57 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1418 N. 18 ST.
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ANNA M. POWERS

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife WILLIAM J. POWERS

6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEB 24 1884 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
59	6	10	hr. min.

9. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name PETER STURHOLDT
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name CATHERINE BEULR
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant WILLIAM J. POWERS

(b) Address 1418 N. 18 ST.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-8-43 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) SEP 7 1943 (Date received local registrar) (b) J. F. Bredel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 4. year 1943 hour 2 minute 10P. M.

21. I hereby certify that I attended the deceased from 8-27-, 1943 to 9-4-, 1943 that I last saw h. alive on 9-4-, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Cardiac Dilatation	3 hrs
Myocarditis, Chronic	1 yr.
Due to Hypertension, Chronic	
Arteriosclerosis, Gen.	
Due to Chr. Cholecystitis with Cholelithiasis	

Other conditions (Include pregnancy within 3 months of death) Fracture Head left Humerus 10 days sustained in fall at home

Major findings:
Of operations None
Of autopsy Said Dr. alone

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 at her home

(b) Date of occurrence 8-26-43

(c) Where did injury occur? St Louis (City or town) Mo (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? At her home (Specify type of place)

While at work? No (e) Means of injury Fall from verti

23. Signature Nicholas S. Vitale (M. D. or other) MD.

Address 3861 St Louis Ave. Date signed 9/7/43

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(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.