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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 8363

Registration District No. 317

Primary Registration District No. 3069

Registrar's No. 536

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38 Hours (Specify whether
In this community 20 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Louis 96

(c) City or town Richmond Heights 8
(If outside city or town limits, write "RURAL")

(d) Street No. 7233 West Park Avenue. 3
(If rural, give location)

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

If yes, name country None 0

3. (a) PRINT FULL NAME EDWARD PATRICK POWERS

3. (b) If veteran, name war No.

3. (c) Social Security No. 498-09-7502

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Rose Bernadette Powers

6. (c) Age ~~of husband~~ or wife if alive 69 years

7. Birth date of deceased January (Month) 11th (Day) 1870 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 74 | 1 | 19 | 23 hr. 55 min. |

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Wire Chief

11. Industry or business Western Union

FATHER
12. Name PATRICK POWERS
13. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name ~~Unknown~~ Mary Walsh
15. Birthplace Unknown (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant J. Frank Beardslee
(b) Address 7612 Walinca Terrace.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 2/ 44 (Month) (Day) (Year)
(c) Place: burial ~~Unknown~~ Calvary Cemetery

18. (a) Signature of funeral director Watson-Bocklage
(b) Address 6536 Clayton Road.

19. (a) MAR 2 - 1944 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month February day 28th. year 1944 hour Eleven minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb 27, 1941, to Feb 28, 1944 that I last saw him alive on Feb 28, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis | 3 yrs. |
| Due to: Arterial hypertension | 4 yrs. |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy | |

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) No

(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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature T. R. Usher (M. D. or other) M.D.

Address 2816 Sutton Ave Date signed 3-1-44

(Licensed Embalmer's Statement on Reverse Side) Maplewood, Mo

## 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 John Agonoski

Licensed Embalmer No. 3398

P. O. Address.....

**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.**