

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 23 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2988
Registrar's No. 321

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2127 E. College Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2127 E. College Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louis C. Powitzky, Sr.

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Caroline Powitzky nee Knickmeyer (c) Age of husband or wife if alive 68 years

7. Birth date of deceased November 15, 1878
(Month) (Day) (Year)

8. AGE: Years 68 Months 1 Day 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation Baker

11. Industry or business _____

12. Name Charles Powitzky

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

14. Maiden name Minnie Reber

15. Birthplace Chicago Ills.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Caroline Powitzky

(b) Address 2127 E. College Ave

17. (a) Burial (b) Date thereof 1/13/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) JAN 11 1947 (b) J. F. Braseck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9th. year 1947 hour 2:00 P.M. Minute _____ M.

21. I hereby certify that I attended the deceased from Jan 1946 to Jan 1947, 19____, to _____, 19____, that I last saw him alive on Jan 9 1947, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Interstitial Nephritis

Due to _____

Due to _____

Other conditions: Mitral Regurgitation
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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)

(a) Month of injury _____

23. Signature Arthur F. Krueger (M. D. or other) M.D.

Address 4142 N Grand Date signed 1/10/47

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

Licensed Embalmer No. *14329*

P. O. Address *St. Louis, Mo.*

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.