No. 2
1/47
17-39

FEDERAL SECURITY AGENCY #7004
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2968

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 355

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 79 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 100

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2517a Salisbury St. 9
(If rural, give location)

Memorial

(e) Citizen of foreign country? 20 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ELEANORA POWERS

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife late Steve Powers

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

7. Birth date of deceased February (Month) 3rd. (Day) 1868 (Year)

8. AGE: Years 79 Months 11 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 6

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Charles Bohmeyer
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name unknown
15. Birthplace (City, town, or county) unknown (State or foreign country) 9

16. (a) Informant Laura Lodderhose
(b) Address 2517a Salisbury

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co
(b) Address 2223 St. Louis Ave.

19. (a) JAN 13 1948 (Date received local registrar) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10th year 1948 hour 1 minute 00 P M.

21. I hereby certify that I attended the deceased from 12/29/47 19 to Jan 10th 1948 that I last saw her alive on Jan 10th 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death arteriosclerotic heart disease	unknown
Due to	
Due to	
Other conditions pernicious anemia (Include pregnancy within 3 months of death) deaf mute	
Major findings: Of operations	
Of autopsy arteriosclerotic heart disease	

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work Frank F. Martin

23. Signature 1515 Lafayette 1/12/48 (M. D. or other)

Address Date signed

Jefferson City Printing Co. (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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Av

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.