

STANDARD CERTIFICATE OF DEATH

6679

State File No.

1588

FILED MAR 11 1954

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BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webster Groves 1077	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo-Pac Hospital		d. STREET ADDRESS (If rural, give location) 312 Tuxedo Blvd.	

3. NAME OF DECEASED (Type or Print) a. (First) THOMAS b. (Middle) E DWARD c. (Last) POWER			4. DATE OF DEATH (Month) (Day) (Year) 2 18 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 10/21/22	8. DATE OF BIRTH Feb 18, 1897	9. AGE (In years last birthday) 56	10. UNDER 1 YEAR Months 6 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business Mach. Operator		10b. KIND OF BUSINESS OR INDUSTRY T. R. R. A.	11. BIRTHPLACE (State or foreign country) New York City, N. Y. /		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Thomas Edw. Power		13b. MOTHER'S MAIDEN NAME Josephine Jehlen		14. NAME OF HUSBAND OR WIFE Power Mathilda Charlottee Rode	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 702-12-4053		17. INFORMANT'S SIGNATURE OR NAME Mrs Thomas E. Power 312 Tuxedo Blvd	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis</i> DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:23 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>George H. Zuercher</i> (Degree or title)	23b. ADDRESS 1300 Clark Ave.	23c. DATE SIGNED 2/19/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/20/54	24c. NAME OF CEMETERY OR CREMATORY National Cemetery,	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.
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DATE REC'D BY LOCAL FEB 18 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith Md</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>H. C.</i> (Licensed Embalmer's Statement on Reverse Side)	ADDRESS Ambruster Mortuary 6633 Clayton Road
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ernest W. Spillars

Signed.....
Student Embalmer

Licensed Embalmer No. *4080*

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.