

REG. DIST. 21 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 640

1. PLACE OF DEATH:

(a) County St. Louis, MO.
(b) City or town St. Louis, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 12 Days
(Specify whether years, months or days) 40 years

3. (a) PRINT FULL NAME Joseph Potrzebowski

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-16-6295

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced/Married

6. (b) Name of husband or wife Viola 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased unknown 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>abt 66</u>			hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Jakob Potrzebowski

18. Birthplace Poland
(City, town, or county) (State or foreign country)

14. Maiden name MARY PRONCZAK
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Viola Potrzebowski
(b) Address 1438 Warren

17. (a) Burial (b) Date thereof 1/22/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery
(Specify type of place)

18. (a) Signature of funeral director St. Louis General Home
(b) Address 2205 St. Louis Ave.
(c) Signature of Registrar John P. Bredick
(Date received local copy) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0000
(c) City or town St. Louis 26 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1438 Warren
(If rural, give location)
(e) If foreign born, how long in U. S. A. 40 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19, year 1941 hour 10:10 minutes A. M.

21. I hereby certify that I attended the deceased from December 7, 1940 to January 19, 1941

that I last saw him alive on 1/19 and that death occurred on the date and hour stated above. 1941

Immediate cause of death Pulmonary Thrombosis Duration _____

Due to Hypertrophied Prostate

Due to _____

Other conditions 137a
(Include pregnancy within 3 months of death)

Major findings: Hypertrophied Prostate PHYSICIAN _____
Of operations _____

Of autopsy No Autopsy 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) _____
(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 _____

23. Signature J. J. McDermott (M. D. or other) _____

Address 151 S. Lafayette Date signed 1/20/41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

J. G. Sullivan

Licensed Embalmer No. *1122*

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, above space should be left blank.