

FILED AUG 6 1942

1003

Registration District No. 791

Primary Registration District No.

Registrar's No.

00
17
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County..... 000
 (c) City or town..... St. Louis 17 10
(If outside city or town limits, write "RURAL")
 (d) Street No. 3712^a N. Garrison Ave.
(If rural, give location)
 (e) Citizen of foreign country?.....
(Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME George August Potthoff
 3. (b) If veteran, name war.....
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th.
 year 1942 hour 2.40 minute A. M.
 21. I hereby certify that I attended the deceased from 7-24-42.
 19..... to 7-30-42. 19.....
 that I last saw him alive on 7-29 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive.....
 7. Birth date of deceased: Jan. 10th. 1870
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis
 Duration ?
 Due to.....
 Due to.....
 Other conditions.....
(include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
72 6 20 hr. min.
 9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Baker

Major findings:
 Of operations.....
 Of autopsy.....
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER {
 11. Industry or business.....
 12. Name August E. Potthoff
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Marie T. Saller
 15. Birthplace Germany
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. M. Prammer
 (b) Address 3712^a N. Garrison
 17. (a) Entombment (b) Date thereof 8-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Valhalla Mausoleum
 18. (a) Signature of funeral director Provost Und. Co.
 (b) Address 3710 N. Grand Blvd.
 19. (a) 20 1942 Jul. F. Breisch
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury
 23. Signature J. P. ... (M. D. or other)
 Address 1007 N. Grand Date signed 7-30-42

SEP 30 1942

J.R. Kennedy
University Club Bldg
2-3

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 me

....., Registered Apprentice No.

working under my personal supervision.

Signed A.A. Smithers

Licensed Embalmer No. 3916

P. O. Address. 3710 N. Grand Bl

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.