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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38115
Registrar's No. 2087

REC'D DEC 10 1942
Registration District No. 784

Primary Registration District No. 20

1. PLACE OF DEATH:
(a) County Moos
(b) City or town Oreland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2489 BROWN ROAD 1
(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 13
(c) City or town OYERLAND
(If outside city or town limits, write "RURAL")
(d) Street No. 2489 Brown Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BEULAH POTHOFF
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV day 1st
year 1942 hour 4 00 P.M. M. 1942
21. I hereby certify that I attended the deceased from 1932
19 _____ to Nov 1 19 42
that I last saw her alive on Monday 8 P.M. 19 42
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MARCH 4 1880
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction Duration _____
Coronary Arteriosclerosis

8. AGE: Years 62 Months 7 Days 28
If less than one day _____ hr. _____ min.

Due to _____
Due to 1st
Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation Housework

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

11. Industry or business _____
12. Name Ferdinand Pothoff
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Edward J Roemer
(b) Address 2489 Brown Road.

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? _____

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 4th, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cem
18. (a) Signature of funeral director Thordutis & Son
(b) Address NOV 2906 Gravois Ave
19. (a) (Date received local registrar) NOV 3 1942 (b) S. McHarron (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature S. McHarron (M. D. or other) 0
Address 7649 Robison Date signed 11/9/42

7649 Delmar

Rechtarsie Dr.

CA 5507

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.....

David Van Fossan

Licensed Embalmer No. *4242*

P. O. Address *2906 Hearns*

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.