

V. S. No. 2
100M-5-43
Rev. 5-17-39
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#31200
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 667
Registrator's No. 51

FILED JAN 16 1945

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis Missouri
(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. Starkoff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 DAYS Memorial
In this community 25 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Potter
3. (b) If veteran, name war NO 3. (c) Social Security No. Yes

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CORA 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Feb 10 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 10 23 hr. min.

9. Birthplace INDIANA (City, town, or county) (State or foreign country)
10. Usual occupation LABORER

MOTHER FATHER

11. Industry or business
12. Name CHARLES POTTER
13. Birthplace INDIANA (City, town, or county) (State or foreign country)
14. Maiden name SARAH BURNES
15. Birthplace INDIANA (City, town, or county) (State or foreign country)

16. (a) Informant Cora Potter
(b) Address 810 PARK
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/5/45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director J. W. McLaughlin
(b) Address 2301 Lafayette
19. (a) JAN 5 1945 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")
Street No. 810 PARK (If rural, give location)
(d) Citizen of foreign country? NO (Yes or No)
If yes, name country NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 3rd year 1945 hour 10:35 minute A. M.
21. I hereby certify that I attended the deceased from 1/3/45 19. to 1/3/45 19. ;
that I last saw h. im alive on 1/3/45 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death Remnant from Duodenal ulcers Duration
Due to NO
Due to NO
Other conditions (Include pregnancy within 3 months of death) NO

Major findings: Of operations
Of autopsy Refused
PHYSICIAN
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?

While at work? (Specify type of place) (c) Means of injury
23. Signature Herbert C. Fritz (M. D. or other) Address 1515 Lafayette 1/6/45

WRITE PLAINLY—USE 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.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed *L. R. Casper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.