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S. No. 300
REV. 10-48

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7193

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 512

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belleville	
c. LENGTH OF STAY (In this place) 5 1/2 Hrs		d. STREET ADDRESS (If rural, give location) 722 Freeburg Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vet. Adm. Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Burke b. (Middle) E c. (Last) Potter			4. DATE OF DEATH (Month) (Day) (Year) 2-28-1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-15-1916	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ray Potter		13b. MOTHER'S MAIDEN NAME Ethel Cole		14. NAME OF HUSBAND OR WIFE Wanda Potter (Wife)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War - II		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH Unknown
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Right upper lobe.		Pneumonia - Right upper lobe.			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.			493X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2-27-1950**, to **2-28**, 1950, and that death occurred at **12:30A** m., from the causes and on the date stated above.

23a. SIGNATURE L.E. Steinfeld		23b. ADDRESS Vet. Adm. Hosp., Jeff. Brks., Mo.		23c. DATE SIGNED 2-28-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 2/28/50		24c. NAME OF CEMETERY, OR CREMATORY Walnut Hill	
24d. LOCATION (City, town, or county) Belleville		24e. (State) Ill			

DATE REC'D BY LOCAL REG. 2-28-50		REGISTRAR'S SIGNATURE Herbert R. Doube		FEDERAL DIRECTOR'S SIGNATURE Fite Gardner	
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(Licensed Embalmer's Statement on Reverse Side)

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

40000

0561 (Rev. 11-17-50)

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.....

..... Student Embalmer No.
working under my personal supervision. *not Embalmed*

Student
Student Embalmer

Signed *Pete Gardner*

Licensed Embalmer No.

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.