

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16919

FILED MAY 26 1955

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>4409</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>19</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3517 LAFAYETTE</u>				e. STREET ADDRESS (If rural, give location) <u>17 3517 LAFAYETTE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANTON</u> b. (Middle) <u>(TONY)</u> c. (Last) <u>POTYE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 16 1955</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 19 1887</u>			
9. AGE (In years last birthday) <u>68</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STEEL WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SMITH DAVIS CO</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>AUSTRIA HUNGARY</u>			
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>ANTON POTYE</u>		13b. MOTHER'S MAIDEN NAME <u>KATIE GROLLINGER</u>		14. NAME OF HUSBAND OR WIFE <u>SUSANNA POTYE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-07-4466</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SUSANNA POTYE 3517 LAFAYETTE</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Gall Bladder.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Qmista state nodules in liver</u> DUE TO (c) <u>= Ascites</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1-1/2 yr.</u> <u>6-9 months</u>	
19a. DATE OF OPERATION <u>3-31-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of G.B. & Liver metastasis</u>				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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>155X</u>					
22. I hereby certify that I attended the deceased from <u>Feb. 22, 1955</u> , to <u>May 16, 1955</u> , that I last saw the deceased alive on <u>May 16, 1955</u> , and that death occurred at <u>8 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Elwin Edwards M.D.</u> (Degree or title)				23b. ADDRESS <u>328 Lafayette St. St. Louis Mo</u>		23c. DATE SIGNED <u>5-18-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>MAY 20 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RESURRECTION</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>			
DATE REC'D BY LOCAL REG. <u>MAY 19 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thomas Kates 2906 Beauvoir</u>					

62 (Licensed Embalmer's Statement on Reverse Side)

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

PR-1-6680

5-7
9-15 A.M.
TUE
5-7 P.M.
A. 0064

2558

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.

Student.....
Signature of Student Embalmer

Signed *Samuel Hill*

Licensed Embalmer No. 434

P. O. Address 2906

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.