MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED FEB 16 1962

-62-008592
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1527

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1
4000 35
3
4 0
5 2
6
7 1
8 2
9
10
11
12 58-0
13

58

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hosp. Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Oakland Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 9645 Big Bend Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: VINCENT Middle: DE PAUL Last: POTTINGER
4. DATE OF DEATH Month Day Year: Feb. 5, 1962
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed X Divorced ☐
8. DATE OF BIRTH: 5-18-78
9. AGE (last birthday): 83
IF UNDER 1 YEAR / IF UNDER 24 HR: Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Groceries
11. BIRTHPLACE (City and state or country): Owensboro, Ky.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Robert Pottinger
13b. MOTHER'S MAIDEN NAME: Mary Ann Burns
14. NAME OF HUSBAND OR WIFE: Martha L. Pottinger
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Shirley Jean Pottinger Address: 9645 Big Bend

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriolar nephrosclerosis — 3 months
DUE TO (c): 442 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
Arteriosclerotic hypertensive cardiovascular disease

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-17-57, to 2-5-62 and last saw her/him alive on 2-4-62
Death occurred at 4:55 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] M.D.
22b. ADDRESS: 634 N. Grand Blvd.
22c. DATE SIGNED: 2-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2-8-62
23c. NAME OF CEMETERY OR CREMATORY: Sunset Burial Park
23d. LOCATION (City, town, or county) (State): St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS: Parker-Aldrich, Webster Groves
25. DATE RECD. BY LOCAL REG.: FEB 5 1962
26. REGISTRAR'S SIGNATURE: [signature] M.D.

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_____ Signed Leslie Walch

Signature of Student Embalmer

Licensed Embalmer No. 4395

P. O. Address Hayster Groves Mo.

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.