WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24554

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 5938

Township ..... Primary Registration District No. 803 Registered No. .....

City St Louis (No. 3338, Arlington Ave St. ..... Ward)

2. FULL NAME Perry Pottorff

(a) Residence, No. 3338 Arlington St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Bessie Pottorff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 16, 1881

7. AGE: YEARS 52 MONTHS 4 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hartford Ins Co

10. Date deceased last worked at this occupation (month and year) June 1933

11. Total time (years) spent in this occupation 19

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

FATHER

13. NAME James Pottorff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER

15. MAIDEN NAME Cermenthia Bledgow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Bessie Pottorff 3338 Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem DATE July 8 1933

19. UNDERTAKER (ADDRESS) Drehmann Hanal 1905 Union Blvd

20. FILED JUL 6 1933 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1933

22. I HEREBY CERTIFY, That I attended deceased from May 10th, 1933, to July 6th, 1933
I last saw him alive on July 6th, 1933. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	~~1900~~ 1930
93 C	

Other contributory causes of importance:

Acute myocarditis	May 10th, 1933

Name of operation — Date of —
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury —, 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Joseph M Trigg, M. D.
(Address) 433 Metropolitan Bldg. St Louis Mo