

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.

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1008
 City St. Louis, (No. St. Anthony's Hosp.) St. Ward) 15814

2. FULL NAME Alice Potthast

(a) Residence, No. 8229 Gravois St. RR Ward. St. Louis Co. Mo
 (Usual place of abode) (If nonresident, give city or town and State)

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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 11 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

MOTHER FATHER
 13. NAME Ernest Beier

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

15. MAIDEN NAME Ott

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

17. INFORMANT William Beier (ADDRESS) 8229 Gravois

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus DATE Oct. 30, 1936

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED OCT 29 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1936, to Oct 27, 1936

I last saw h. l. alive on Oct. 25, 1936 Death is said to have occurred on the date stated above, at 9:30 A. M.

The principal cause of death and related causes of importance were as follows:

Cardiac failure due to Cardiac decompensation
Calypus of right thigh with erythema
High blood pressure
 Other contributory causes of importance 9532

Name of operation Removal of polyp Date of 10-23-36

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 None

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. H. Hains M. D.

(Address) St. Louis, Mo. 64111

