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

Do not use this space.

FEB 8 1937 791

File No. 3592

Registered No. 625

Registration District No. 1003

Primary Registration District No.

1. PLACE OF DEATH

County

Township

City St. Louis, Mo. (No. 3712 A. N Garrison Ave. St. Ward)

2. FULL NAME Augusta Marie Potthoff

(a) Residence, No. 3712 A. N. Garrison Ave. Ward. 10 (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 19th. 1861

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
75	2	24	

OCCUPATION

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

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

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

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Augusta E. Potthoff

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

MOTHER

15. MAIDEN NAME Theresa Saller

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

17. INFORMANT (ADDRESS) George Potthoff 3712A. N. Garrison

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Mausoleum DATE 1/16/37 19

19. UNDERTAKER (ADDRESS) Fronst Und. Co. 3710 N. Grand Blvd.

20. FILED JAN 15 1937 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 13th 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 20 1936 to Jan 12, 1937

I last saw her alive on Jan 12, 1937 Death is said to have occurred on the date stated above, at 6:30AM

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

	Date of onset
Chronic Myocarditis	12-30-34

Other contributory causes of importance:

Arteriosclerosis	12-30-34

Name of operation None 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?

If so, specify

(Signed) Kenneth Lynn M. D.

(Address) 3802 N Broadway

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.

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

X7294

Dr Kyrus 6-8 P.M