

AUG - 5 1937

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

Do not use this space.

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## 1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis (No. 1137 Hornsby Avenue)

File No. ....  
Registered No. 6694  
St. 8 Ward

## 2. FULL NAME

HEINRICH POTH,  
(a) Residence, No. 1137 Hornsby Avenue, 8 Ward.  
(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 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 Katherine Poth (Spahn)  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1886  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tinner  
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) (STATE OR COUNTRY) Austria13. NAME Heinrich Poth14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria15. MAIDEN NAME Marie Poth16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria17. INFORMANT (ADDRESS) Mrs. Katherine Poth  
1137 Hornsby Avenue18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Friedens July 13, 193719. UNDERTAKER (ADDRESS) Math. Hermann & Son  
2161 East Fair Avenue20. FILED JUL 12 1937 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from 11/3 to 7/10/37, 1937.  
I last saw him alive on 7/10, 1937. Death is said to have occurred on the date stated above, at 8:20 m.

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

Carcinoma Intestini Date of onset 1936Primary seat in Rectum

Other contributory causes of importance:

Stenosis RectumColostomy 46 DName of operation " Date of 9/26/37What test confirmed diagnosis? Was there an autopsy? 9/1023. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1937.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? Y

If so, specify

(Signed) J. F. Bredeck, M. D.(Address) 8321/2182y

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.

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