

OCT 14 1937

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

32769

Do not use this space.

8823

## 1. PLACE OF DEATH

(a) County..... Registration District No. 791  
 (b) Township..... Primary Registration District No. 1003  
 (c) City Saint Louis, Missouri. (d) Street No. 4832 Terrace Ave. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Joseph W. Potthoff.

(a) Residence, No. 4832 Terrace Ave. St. 2  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Clara Potthoff  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 25th 1873  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
63 9 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meat Cutter.  
 9. Industry or business in which work was done, as 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) Germany

13. NAME William Potthoff

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Clara Potthoff  
 (ADDRESS) 4832 Terrace Ave.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE New St. Marcus Cem. DATE Sept. 23rd, 1937

19. FUNERAL DIRECTOR Zigankew Bros.  
 (ADDRESS) 2523 Cherokee Street.

20. FILED SEP 21 1937  
J. Bredeck Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 20th 1937.

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1937, to Sept 20, 1937  
 I last saw him alive on Sept 20, 1937. Death is said to have occurred on the date stated above, at 10:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of right upper jaw (February) Date of onset 6/36  
Carcinoma of Larynx 7/37

Name of operation Resection of jaw Date of Jan. 1937  
 What test confirmed diagnosis?..... 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) Frederick J. Bredeck, M. D.  
 (Address) 460 1/2 Grand St. Louis

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.

STATEMENT BY LICENSED EMBALMER

I, Judule A. Ziegenhein, Licensed Embalmer No. 2270.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*Judule A. Ziegenhein*

Licensed Embalmer No. 2270.

**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.)**