

NOV 15 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35933

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3257 North 20th St.** Registered No. **9510**
 (e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Louisa Pott**
 (a) Residence, No. **3257 N. 20th St.** St. **26**
 (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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Christian H. Pott**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 23rd. 1856**

7. AGE YEARS **81** MONTHS **8** DAYS **17** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 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 **Fred Schroeder**

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

15. MAIDEN NAME **? Twellmann**

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

17. INFORMANT **Alvina Kuester**
 (ADDRESS) **3257 N. 20th St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters Cem.** DATE **10-13-37**

19. FUNERAL DIRECTOR **Provost Und. Co.**
 (ADDRESS) **3710 N. Grand Blvd.**

20. FILED **12 1937** **J. Bredeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-10-37** 19**37**

22. HEREBY CERTIFY That I attended deceased from **July 10th 1937** to **Oct 10th 1937**. I last saw him alive on **Oct 10th 1937**. Death is said to have occurred on the date stated above, at **8.10 P.M.**
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

M

Other contributory causes of importance:

Name of operation Date of
 What test confirmed diagnosis? **Autopsy** 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) **J. A. Smith** M. D.
 (Address) **5850 Highland**

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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OCT 12 1937

STATEMENT BY LICENSED EMBALMER

I, Arthur A. Smithers, Licensed Embalmer No. 3916

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

L. E. 3916

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Arthur A. Smithers

Licensed Embalmer No. 3916

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.)