

REC'D MAR 14 1938

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

5061

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No..... Registered No. **1706**  
(c) City..... (d) Street No. **1918 HEBERT ST.** 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 **AUGUST POTTHAST 323**

(a) Residence, No. **1918 HEBERT 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 **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 **SUSIE POTTHAST**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 5, 1877**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**61 2 10**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. **COM. LABORER**  
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 **AUGUST POTTHAST**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**MOTHER 15. MAIDEN NAME **ELIZABETH HUTH**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**17. INFORMANT (ADDRESS) **SUSIE POTTHAST 1918 HEBERT ST**18. BURIAL, CREMATION, OR REMOVAL PLACE **VALHALLA CEMETERY FEB. 18, 1938**19. FUNERAL DIRECTOR (ADDRESS) **Goodhart & Goodhart 2228 N. Tower Ave**20. FILED **FEB 17 1938 J. P. Biedek Local Registrar**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-15-38**  
22. I HEREBY CERTIFY, That I attended deceased from **10-19-35** 19... to **2-15-38** 19...  
I last saw him live on **2-4-38** 19... Death is said to have occurred on the date stated above, at **6:30 a.m.**  
The principal cause of death and related causes of importance were as follows:

*Chronic myocarditis and*  
*know*  
Other contributory causes of importance:  
*none*

Name of operation *none* Date of  
What test confirmed diagnosis? Was there an autopsy?

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? *W*  
If so, specify *Walter H. Gorenman!* M. D.  
(Signed) *Walter H. Gorenman!*  
(Address) *1506 Travis*

STATEMENT BY LICENSED EMBALMER

I, *Charles Goodhart*

Licensed Embalmer No. *2777*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Charles Goodhart*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed *Charles Goodhart*

Licensed Embalmer No. *2777*

**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.)**