

U.S. JAN 11 1939

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

41161
Do not use this space.

1. PLACE OF DEATH

(a) County 1 Registration District No. 1008
 (b) Township 1 Primary Registration District No. St. Anthony Hospital
 (c) City St. Louis (d) Street No. 10853 Registered No. 10853
 (e) Length of residence in city or town where death occurred 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth 60 yrs. mos. ds.

2. PRINT FULL NAME 323 Joseph Potthast

(a) Residence, No. 1947 Wyoming Street St. 24
 (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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>widowed</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma Potthast</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 26, 1857</u> | | | | |
| 7. AGE | YEARS <u>80</u> | MONTHS <u>11</u> | DAYS <u>20</u> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Teamster</u> | | | |
| | 9. Industry or business in which work was done, as saw mill, bank, etc. <u>Kreckeler Grocer Co.</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation..... | | | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany</u> | | | |
| | 13. NAME <u>Unknown Potthast</u> | | | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Germany</u> | | | |
| | 15. MAIDEN NAME <u>Unknown</u> | | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown, Unknown</u> | | | | |

17. INFORMANT (ADDRESS) Rudolph Potthast
1947 Wyoming Street

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE Dec. 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Robert
1905 So. Grand Blvd.

20. FILED DEC 17 1938 J. T. Brudner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6th, 1938, to Dec. 16th, 1938

I last saw him alive on Dec. 16th, 1938 Death is said to have occurred on the date stated above, at 3.30 A. M.

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

Carcinoma of right side of neck. Date of onset 5 3 6

Other contributory causes of importance: Chronic Myocarditis

Name of operation none Date of —
 What test confirmed diagnosis? Ch. Findley 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 Grant Schwanz (Signed) Grant Schwanz, M. D.
 (Address) 7800 Chippewa St.

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

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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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *W. J. Robert*

Licensed Embalmer No. *502*

P. O. Address *St Louis Mo*

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.)

If this body is not embalmed, above space should be left blank.