

JUL 12 1939

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

20394
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **781**
(b) Township..... Primary Registration District No. **1008**
(c) City **Saint Louis, Missouri.** (d) Street No. **4709 Varrelmann** 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.

Registered No. **5238**

2. PRINT FULL NAME **George R. Potts,**

(a) Residence, No. **4709 Varrelmann Ave.** St. **15**
(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 **Rose Potts.**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 24th, 1868.**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Rail Road Clerk**
9. Industry or business in which work was done, as saw mill, bank, etc. **Rock Island-Frisco**
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) **New York 1**

FATHER 13. NAME **Unknown 9**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown 9**

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Rose Potts**
(ADDRESS) **4709 Varrelmann Ave.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Matthews Cemetery June 12th, 1939**

19. FUNERAL DIRECTOR **Ziegenhain Bros.**
(ADDRESS) **2523 Cherokee Street.**

20. FILED **JUN 11 1939**
J. F. Budach
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 9th 1939, 19**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 22, 1938** to **June 9, 1939**
I last saw him alive on **June 9, 1939** Death is said to have occurred on the date stated above, at **5:45 P.M.**

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

Other contributory causes of importance:
Carcinoma of bones

Name of operation **Prostatectomy**
What test confirmed diagnosis? **Microscopic** 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) **Helmut Hoffmann** M. D.
(Address) **5439 Graven**

Date of onset
April 1938
FEB 1939

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.

STATEMENT BY LICENSED EMBALMER

I, Vearl E. Morris., Licensed Embalmer No. 3360.

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 V E Morris

Licensed Embalmer No. 3360

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.)