DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27549

REC'D SEP 14 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 7049

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 No. 3 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1065 Garth Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 years.

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3. (a) PRINT FULL NAME George Potzman 325

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife Marie Potzman

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased July (Month) 8 TH (Day) 1875 (Year)

8. AGE: Years 64 ----- Months 1 -- Days 5 -- If less than one day hr. min.

9. Birthplace Austria Hungaria (City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business City Waterworks

FATHER
12. Name George Potzman
13. Birthplace Austria Hungarua (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Maria Denke
15. Birthplace Austria Hungaria (City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Potzman

(b) Address 3424 Blair Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 16 Th (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edward Koch

(b) Address 3516 N. 14 Th Str.

19. (a) AUG 14 1939 (Date received local registrar) (b) J. [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13, year 1939 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from July 11, 1939, to August 13, 1939, that I last saw him alive on August 13, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rt. Inguinal Hernia with wound infection	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Rt. inguinal hernia.

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. A. Carberry (M. D. or other)

Address City Hospital, Date signed 8/14/39

(Licensed Embalmer's Statement on Reverse Side) 1515 Lafayette

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39
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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.....

Licensed Embalmer No. 1591

P. O. Address 4106 Botanic

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.