No. 2
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17-39
X23159

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36876

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 9149

FILED DEC 11 1940

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of town)
(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9das (Specify whether years, months or days)
In this community 23 Yrs

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. 2005a Pine Street (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Bertha Potts
3. (b) If veteran, name war -----
3. (c) Social Security No. ----
4. Sex Female
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Potts
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Unavailable abt. 1898 (Month) (Day) (Year)
8. AGE: Years abt. 42 | Months | Days | If less than one day hr. min.
9. Birthplace Louisville (City, town, or county) Mississippi (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Jim Eiland
13. Birthplace Unk. (City, town, or county) Mississippi (State or foreign country)
MOTHER 14. Maiden name Unk.
15. Birthplace Unk. (City, town, or county) Mississippi (State or foreign country)
16. (a) Informant Henry Potts
(b) Address 2005a Pine St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-9-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.
19. (a) NOV 6 1940 (Date received local registrar) (b) J. B. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5, year 40 hour 1:15 minute A.M.
21. I hereby certify that I attended the deceased from Oct. 28, 1940, to Nov 5, 1940; that I last saw her alive on Nov 5, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertensive Heart Dis. 5½-6 mo
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 Edell W. Victor (M. D. or other)
Address 201 N Whittier Date signed 11-5-40

(Licensed Embalmer's Statement on Reverse Side)

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

James A. Johnson A. Johnson, Registered Apprentice No. 265

working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3622

P. O. Address 4107 Finney Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.