S. No. 2
-11-10-39
5-17-39
°I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33566

FILLED NOV 24 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 8524

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 3649 BOWEN ST / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town St LOUIS (If outside city or town limits write "RURAL") 17

(d) Street No. 3647 Bowen STR. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME RICHARD R. POTTMEIER

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER (Month) 24 (Day) 1941 (Year)

8. AGE: Years | Months 7 | Days 2 | If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name FRANK W. POTTMEIER
13. Birthplace ILL (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name MARIE FREUDENSTEIN
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Frank W. Pottmeier

(b) Address 3647 Bowen Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 28 1940 (Month) (Day) (Year)

(c) Place: burial or cremation BALMAR CEM

18. (a) Signature of funeral director [illegible]

(b) Address 5165 Delmar Pl

19. (a) OCT 28 1941 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27 year 1941 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from October 26, 1941, to Oct. 27, 1941; that I last saw him alive on Oct 27, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Broncho-Pneumonia	24 hrs.
Due to Hydrocephalus Not congenital	2 Mo.
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 0

23. Signature S A Nester (M. D. or other) MO.

Address 439 Bates Date signed 10/27/41

(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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed W. G. Farrisland

Licensed Embalmer No. 3384

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.