

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42938

DEC 31 1941

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2589

1. PLACE OF DEATH:

(a) County St. Louis County
 (b) City or town Jefferson Barracks, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Veterans Administration Facility
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Adm. Dec. 5, 1941
 (Specify whether
 In this community Since Dec. 5, 1941
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
 (c) City or town Herod (If outside city or town limits, write "RURAL") 11
 (d) Street No. - (If rural, give location) 0
 (e) Citizen of foreign country? - (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Luther Potts
 3. (b) If veteran, name war World War
 3. (c) Social Security No. 347-12-2752

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 20th,
 year 1941 hour 5:15 minute - a.m.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced 3 Divorced
 6. (b) Name of husband or wife - 6. (c) Age of husband or wife if
 alive - years

7. Birth date of deceased August 23, 1895
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
December 5, 1941 to December 20, 1941
 that I last saw him alive on December 20, 1941
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>3</u>	<u>27</u>	hr. min.

Immediate cause of death Tuberculosis, pulmonary, chronic, far advanced (4).
 Duration Unknown

9. Birthplace Pope County, Illinois
 (City, town, or county) (State or foreign country)

Due to -
 Due to -

10. Usual occupation Rivet Heater

Other conditions none. (Include pregnancy within 3 months of death) 13/11

11. Industry or business -

Major findings: Of operations - Of autopsy No autopsy.

MOTHER FATHER { 12. Name William Potts
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)

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

MOTHER FATHER { 14. Maiden name Susan Jennings
 15. Birthplace Missouri
 (City, town, or county) (State or foreign country)

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

16. (a) Informant M. Schellig
 (b) Address Clinical Clerk, VAF, eff. Bks., Mo.
 17. (a) BURIAL (b) Date thereof 12-20-41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(a) Accident, suicide, or homicide (specify) no
 (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?

(c) Place: burial or cremation HARRISBURG, Ill.
 18. (a) Signature of funeral director C. Hoffmann
 (b) Address 7814 S. ...

While at work? (Specify type of place) (c) Means of injury
 Signature L. M. COCHRAN, M.D. (M. D. or other)
 Address Chief Medical Officer Date signed 12/20/41

19. (a) DEC 20 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

Address Chief Medical Officer Date signed 12/20/41

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

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.....

Harry J. Schumacher

Licensed Embalmer No.

2699

P. O. Address.....

732 Lemay

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, fact should be so stated above.