

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22474

FILED JUL 8 1944

State File No. \_\_\_\_\_

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1489

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 339 days  
(Specify whether years, months or days)

In this community 339 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")

(d) Street No. 1701 Nicholas  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Potter

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 498-09-3866

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 26  
year 1943 hour 11 minute 30 A.M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Harold Potter

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased 12 27 1916  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-17 1943 to 6-26 1943  
that I last saw her alive on 6-26 1943  
and that death occurred on the date and hour stated above.

8. AGE: Years 27 Months 5 Days 29  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Pulm the  
Duration 1 1/2 hrs?

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

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

10. Usual occupation Bag factory

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Percy Nelvey

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mills Howell

15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Major findings: Of operations 1361

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Husband

(b) Address 1701 Nicholas St. Louis

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

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

(b) Date of occurrence \_\_\_\_\_

17. (a) BURIAL (b) Date thereof 6-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(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 PIEDMONT, MO

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

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

(b) Address 2119 G. Grand

19. (a) JUN 28 1943 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature Bernard Friedman (M. D. or other) MD

Address Koch, Mo. Date signed 6-26-43

707

(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

*Frank A. Moore*

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand

**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.**