

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

26395

FILED AUG 7 1943

1. PLACE OF DEATH

County Warren  
Township Pinckney Twp.  
City Warrenton (No.       )

Registration District No. 362  
Primary Registration District No. 6235

File No.         
Registered No. 22 109  
St.        Ward 0

2. FULL NAME Sophia Henrietta Wilhelmina Potthast

(a) Residence, No. 1 St. 1 Ward 1  
(Usual place of abode)  
Length of residence in city or town where death occurred 70 yrs. mos. 1 ds. How long in U. S., if of foreign birth? 70 yrs. mos. 1 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry August Potthast

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1850

7. AGE YEARS 93 MONTHS 6 DAYS 9 IF LESS than 1 day, hrs.        or min.       

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lippe-Detmold Germany

13. NAME Ernst Poeppelmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Florentina Starke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Herman Potthast (ADDRESS) Warrenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hoefeldt Church DATE July 27, 1943

19. UNDERTAKER F.W. NIEBURG & CO. (ADDRESS) Warrenton, Mo.

20. FILED July 30, 1943 John A. Bebermeyer Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 1943

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1942 to July 24, 1943

I last saw him alive on July 24, 1943 Death is said to have occurred on the date stated above, at 8:45A.M.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis 10 yrs  
Chronic nephritis 10 yrs  
1215  
General arteriosclerosis 10 yrs  
+ senility

Other contributory causes of importance:

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?        (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?         
If so, specify       

(Signed) Herbert H Schmidt, M. D.  
(Address) Marionville Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS 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.

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This body was embalmed by me.

John J. Lieber Warrenton, Mo.  
Missouri License #3897