

FILED NOV 18 1943

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. _____

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:
Missouri Baptist Hospital
(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 St. Louis
(c) City or town Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. 8643 Turner Ave.
(If rural, give location) NR
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Pott.

3. (b) If veteran: name war No 3. (c) Social Security 493-05-1498.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Pott 6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased July 9, 1885.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 22 hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Switch Board Operator

11. Industry or business Union Electric Co. of Mo.

12. Name Joseph Pott

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

14. Maiden name Mary Stock

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Pott

(b) Address 8643 Turner Ave.

17. (a) Burial (b) Date thereof Nov. 4/43.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cem.

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodjmont Ave.

19. (a) NOV 3 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1
year 1943 hour 9.55 minute P.M. M.

21. I hereby certify that I attended the deceased from July 21 1943 to Nov. 1 1943
that I last saw him alive on Nov. 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 12 hr.
Due to Ch. Hypertension 5 yr.
Due to Ch. interstitial nephritis 5 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 131
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? _____

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

23. Signature Edwin P. Meiner (M. D. or other) _____
Address 6657 Soughth Ave. Date signed 11-2-43

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

MOTHER FATHER

Dr. E.P. Meiners
6651 Wright Ave.,
1-3 Or 7-8 P.M.
CA.5042.

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 *E. W. Wilkinson*
Licensed Embalmer No. 3575
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, fact should be so stated above.