

FILED JAN 4 1944
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11689**

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

1. PLACE OF DEATH:

(a) County **St Louis Mo.**

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

(c) Name of hospital or institution:
City Hospital No 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 Days**
Life. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**

(c) City or town **St Louis.**
(If outside city or town limits, write "RURAL")

(d) Street No. **2717 S 9th St.**
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **HERMAN POTT**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **25**
year **1943** hour **10 30 P.M.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edna Pott** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Nov 19 1879**
(Month) (Day) (Year)

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years **64** Months **1** Days **6** If less than one day **0** hr. _____ min.

Immediate cause of death **Fracture of skull sustained**
Removal of brain when he was
found beneath an open window
for clearance # 20 of the City
Hooper in an area way around
Due to 10:30 p.m. Dec 25 1943
whether the result of an accident

9. Birthplace **St Louis Mo.** **0**
(City, town, or county) (State or foreign country)

Other conditions **vs. suicide could not be**
(Include pregnancy within 6 months of death)
determined

10. Usual occupation **Retired**

Major findings: **1943**
Of operations: **1943**
Of autopsy: **1943**

11. Industry or business **Shoe Worker**

12. Name **Christian Pott**

13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Bauer** **4**

15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

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

16. (a) Informant **Ed. Eller**

(b) Address **3900 Burgen St.**

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

(a) Accident, suicide, or homicide (specify) **Open Verdict**

(b) Date of occurrence **Dec 25 1943**

(c) Where did injury occur? **St Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place
(Specify type of place)

17. (a) **Burial** (b) Date thereof **12-29-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old S.S. Peter & Paul**

(e) Means of injury **fall**

18. (a) Signature of funeral director: **Shorkutis & Son**

(b) Address **2906 Gravois Ave.**

23. Signature **J. P. Predeck** (M, D, or other) _____
Address _____ Date signed **12/27/43**

19. (a) **EC 27 184** (Date received local registrar) **J. P. Predeck** (Registrar's signature)

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..... *Dave Van Fossen*
Licensed Embalmer No. *4242*
P. O. Address..... *2906 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.