13222

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 15 1944

Registration District No. 18

Primary Registration District No. 1003

Registrar's No. 4030

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

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: 2225 PARK AV. (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 MISSOURI (b) County 000

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 2225 PARK AV. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME KATIE M. POTTINGER.

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife VINCENT D. POTTINGER

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

7. Birth date of deceased JANUARY (Month) 30 (Day) 1881 (Year)

8. AGE: Years 63 Months 2 Days 28 If less than one day hr. min.

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

10. Usual occupation HOUSEKEEPER.

11. Industry or business OWN

FATHER
12. Name unknown MOSELEY.
13. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Vincent D. Pottinger

(b) Address 2225 Park Av.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 1 (Month) (Day) 44 (Year)

(c) Place: burial or cremation SUNSET BURIAL PK.

18. (a) Signature of funeral director E. J. Schnur.

(b) Address 3125 LAFAYETTE AV.

19. (a) MAY 1 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1944 hour 1 minute p.M.

21. I hereby certify that I attended the deceased from DEC, 1941, to Apr 27th, 1944; that I last saw her alive on Apr 26th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	2 yrs
Due to Arteriosclerosis	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature B. Shaughnessy (M. D. or other)

Address 1514 S. Jefferson Ave. Date signed

(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 Jos B Vollmer

Licensed Embalmer No. 4014

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.