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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15732

FILED MAY 13 1944

State File No. 15732

Registration District No. 37

Primary Registration District No. 3063

Registrar's No. 1042

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
County 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

3. (a) PRINT FULL NAME Gustave George DePotter

3. (b) If veteran, name war _____

3. (c) Social Security No. 496-12-7896

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Anna DePotter

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. 12, 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 7 21 _____ hr. _____ min.

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

10. Usual occupation Carpet Layer

11. Industry or business Famous-Barr Company

12. Name John DePotter

13. Birthplace Not known Holland
(City, town, or county) (State or foreign country)

14. Maiden name Long

15. Birthplace Not known Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant Anna DePotter

(b) Address 2411a Menard

17. (a) burial (b) Date thereof May 6, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS Peter & Paul Cemetery

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) 7027 Gravois

19. (a) MAY 6 - 1944 (b) E. J. McKeenan, M.D.
(Date received local registrar) (Registrar's signature)

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. 2411a Menard
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1944 hour 9:30 minute A M.

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

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to Arterio Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy See above

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)

(c) Means of injury 3

23. Signature H. S. Priebe, M.D. Deputy Cor. (M. D. or other)

Address 601 Brentwood Date signed 5/4/44

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

MOTHER FATHER

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.....

B. P. Kudrincee

Licensed Embalmer No. *3877*

P. O. Address.....

7027 Graves

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.