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FILED MAY 25 1948

Registration District No. **1003** Primary Registration District No. **1003** Registrar's No. **4592**

1. PLACE OF DEATH:

(d) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2043 Knox Ave
 (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 17
 (c) City or town St. Louis
2043 (If outside city or town limits, write "RURAL")
 (d) Street No. 2043 Knox Ave
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country..... 0

3. (a) PRINT FULL NAME Ernest Potter

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Leora Potter 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased February 17 1875
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day May
 year 1944 hour 9:55 minute A. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
 that I last saw h..... alive on....., 19.....
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>2</u>	<u>25</u>	hr. min.

Immediate cause of death.....
Coronary Occlusion

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

Due to Coronary Sclerosis

10. Usual occupation Watchman

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

11. Industry or business Missouri-Pacific R.R.

Major findings:
 Of operations.....
 Of autopsy.....

12. Name Gilbert Potter

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

14. Maiden name Jane Burke

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Leora Potter

(b) Address 12304-5th Helena Dr. N. Los Angeles Cal

17. (a) Burial (b) Date thereof 5-20-1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Pertz Brothers
 (b) Address 3029 Lafayette Ave

19. (a) MAY 18 1944 (b) J. F. Brudeck
 (Date received local registrar) (Registrar's signature)

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

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify).....
 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 W. J. Perry (M. D. or other)
 Address Deputy Coroner Date signed 5/18/44

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

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.

Not Embalmed Dry Floater

Signed.....

Jos. E. McCulloch

Licensed Embalmer No. *2460*

P. O. Address.....

6170 Palomar

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.