S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

Primary Registration District No.

State File No. 29730

Registrar's No. 8006

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:
St. Johns Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4420 Sexauer
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Oscar Potthoff

3. (b) If veteran, name war No

3. (c) Social Security No. 489-05-9133

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Helen Potthoff

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased June 23, 1881.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
63	2	24	hr. min.

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

10. Usual occupation Stove Repairer

11. Industry or business Furniture Co.

FATHER
12. Name ~~Philip Herzog~~ Henry Potthoff
13. Birthplace - - Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ~~Pauline Doering~~ Johanna Kraleman
15. Birthplace - - Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Potthoff
(b) Address 4420 Sexauer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 20, 1944.
(Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17th
year 1944 hour 12:45 minute P. M.

21. I hereby certify that I attended the deceased from Aug 8, 1944, to Sept. 17, 1944;
that I last saw him alive on Sept 17, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Abscess of left lung
Septicemia
Due to Lobar pneumonia

Due to

Other conditions
(Include pregnancy within 3 months of death)

Duration 2 months

Major findings:
Of operations

Of autopsy

108

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 John J Fate M.D. (M. D. or other)
Address 4763 Carter Ave. St Louis Date signed 9-18-44

(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 John A. McNair

Licensed Embalmer No. 4186

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.