

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 18 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

29731

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 2559

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:
City 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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County _____
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5201 Beacon Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Potzman
(b) If veteran, name war _____ (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31
year 1944 hour 1 minute 10 A.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife George Potzman 6. (c) Age of husband or wife if alive Dead years _____
7. Birth date of deceased March 12 Th - 1876
(Month) (Day) (Year)

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: 68 Years Months 5 Days 19
58 — 45 hr. _____ min.

Immediate cause of death Fractured right hip
Asthenia. Sclerosis suffered when deceased
fell out of bed at City Hosp #1
Aug 23 1944 exact time
unknown
Due to _____
Due to _____

9. Birthplace Austria Hungaria 4
(City, town, or county) (State or foreign country)
10. Usual occupation Housework

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____

11. Industry or business _____
12. Name George Tunkel 4
13. Birthplace Austria Hungaria (City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Austria Hungaria 14
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Of autopsy 23

16. (a) Informant Geoge Potzman
(b) Address 4523 Mary Ave
17. (a) Burial (b) Date thereof Sep 2 D 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence Aug 23 1944
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place
While at work _____ (Specify type of place)
(e) Means of injury as above

18. (a) Signature of funeral director Edward Koch
(b) Address 3516 N 14 Th Str
19. (a) SEP 1 1944 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature Alfred Henry (M. D. or other) _____
Address Raymond Brown Date signed 9/1/44

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.

Signature

Howard P. Rowland

Licensed Embalmer No. *3114*

P. O. Address *O'Leary 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.