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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1944

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3063

State File No. 35327

Registrar's No. 2264

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 56 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 8511 Kempland Avenue
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AUGUST POTIER

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 Arneda Potier

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased February (Month) 25 (Day) 1888 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	22	hr. min.

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

10. Usual occupation Gardener

11. Industry or business Chaplain Newhard

FATHER
12. Name August Potier, Sr.
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Emma Gordon
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant St. Louis County Hospital
(b) Address 601 Brentwood Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation Central Cemetery

18. (a) Signature of funeral director Barnmann Bros Inc
(b) Address 2504 Woodson Rd. Overland, Mo

19. (a) NOV 8 1944 (Date received local registrar) (b) E. D. McGauran M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3
year 1944 hour Twelve minute 45 a.M.

21. I hereby certify that I attended the deceased from Oct. 29, 1944 to Nov. 3, 1944
that I last saw him alive on Nov. 3, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar pneumonia	5 days
Due to Type VII pneumococcus	
Due to	
Other conditions Bilateral Ing. chemia (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 H. Mayer M.D. (M. D. or other)
Address 601 Brentwood Blvd. Date signed 11-3-44

107

(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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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.