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 JUN 4 1945 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15494

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 4389

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 Nº 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 NIGHT (Specify whether
In this community 8 YEARS years, months or days)

2. USUAL RESIDENCE OF DEACESED: 000.

(a) State MISSOURI (b) County 123

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2702 S. BROADWAY
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME ARTHUR BERNHARD POTTHAST

3. (b) If veteran, name war ✓

3. (c) Social Security No. 499-01-8887

4. Sex MALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED 3

6. (b) Name of husband or wife JESSIE

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

7. Birth date of deceased MAY (Month) 15 (Day) 1907 (Year)

8. AGE: Years 38 Months 0 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace ST LOUIS CO (City, town, or county) MO. (State or foreign country)

10. Usual occupation MARINE ENGINEER

11. Industry or business U.S. ENGINEERS WAR DEPT.

FATHER
12. Name FRED C. POTTHAST
13. Birthplace ST. LOUIS CO (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name LILLIE KIEFER
15. Birthplace ST. LOUIS CO (City, town, or county) MO. (State or foreign country)

16. (a) Informant FRED POTTHAST
(b) Address ELLISVILLE MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5-19-1945 (Month) (Day) (Year)
(c) Place: burial or cremation ST. JOHN CEM. ELLISVILLE MO.

18. (a) Signature of funeral director SCHRADER FUNERAL
(b) Address HOME BALLWIN MO.

19. (a) MAY 18 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 16th
year 1945 hour 4 minute 05 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.

Immediate cause of death Fracture of skull
extradural hemorrhage and
subdural hemorrhage when he
fell in the street at 2nd
and Arsenal Street around
Due to 2:45 P.M. May 15, 1945

Duration

Other conditions
(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:
(c) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence May 15. 1945
(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? Public street
(Specify type of place)
While at work? (e) Means of injury 2 above

23. Signature Alfred Perry (M. D. or other)
Address Neyfat Home Date signed 5/18/45

(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 Reinald O. Yahnke

Licensed Embalmer No. 2917

P. O. Address St. Louis

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.