

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

State File No. _____

FILED NOV 10 1945

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9397**

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

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**

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

(c) Name of hospital or institution: **Luthern Hospital**
(If both hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 WEEKS**
(Specify whether _____)

In this community **St. Louis Mo**
(years, months or days)

3. (a) PRINT FULL NAME **Anthony Potje**

3. (b) If veteran, name war _____

3. (c) ~~Special Section~~ **4648** No. _____

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: **April 6 1927**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

18 6 23 hr. _____ min.

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **War Worker**
Smell Arms Plant

MOTHER FATHER { 11. Industry or business _____

12. Name **Nick Potje**

13. Birthplace **Hungary** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Dekorsy**

15. Birthplace **Hungary** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **2717 S. 18th**

(b) Address **New S. P. Four Corn Nov. 1, 1945**

17. (a) **Burial** (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or removal **New S. P. Four Corn Peter + Paul**

18. (a) Signature of funeral director **Thos. Ruter + son**

(b) Address **2906 Gravois**

19. (a) **OCT 30 1945** (Date received local registrar)
J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **0-00**

(a) State **St. Louis Mo** (b) County _____

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

(d) Street No. **2717 S. 18th St.**
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **29**
year **45** hour **10** minute **55 P.M.**

21. I hereby certify that I attended the deceased from **10-13**
to **10-29** 19**45**

that I last saw him alive on **10-29-45** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: **Terminal nephritis, acute**
Hypertension
Chronic myocarditis.

Due to _____

Due to _____

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

Major findings: **93**
Of operations _____

Of autopsy _____

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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **J. F. Bredeck** (M. D. or other) _____
Address **3115 So. Grand** Date signed **10/29/45**

Duration _____

Underline the cause to which death should be charged statistically.

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

David Van Fossan

Licensed Embalmer No.

4242

P. O. Address

2906 Harris

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.