

Registration District No. **FILED F3180** 1946 Primary Registration District No. _____

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:
4654 Cecil Place
(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

3. (a) PRINT FULL NAME **John Potolsky**
3. (b) If veteran, name war: *********
3. (c) Social Security No. **488-05-1850A**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Magdalen Potolsky**
6. (c) Age of husband or wife if alive **68** years
7. Birth date of deceased **June 21 1877**
(Month) (Day) (Year)

8. AGE: Years **68** Months **7** Days **17**
If less than one day hr. _____ min. _____

9. Birthplace **Austria**
(City, town, or county) (State or foreign country)

10. Usual occupation **Carpenter**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank Potlosky**
13. Birthplace **Austria**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Magdalen Potolsky**
(b) Address **4656 Cecil Place**

17. (a) **Burial** (b) Date thereof **February 12 1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**
18. (a) Signature of funeral director **Ziegenhain Bros**
(b) Address **6409 Gravois Ave**

19. (a) **FEB 11 1946** (b) **J. F. Brueck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **oae**
(c) City or town **SSt. Louis**
(If outside city or town limits, write "RURAL") **2/7**
(d) Street No. **4656 Cecil Place**
(If rural, give location) **9**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8th** day **February**
year **1946** hour **9:30** minute **P.** M.

21. I hereby certify that I attended the deceased from **Dec 14**
19**45**, to **Feb 8**, 19**46**
that I last saw him alive on **Feb 4**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**
Duration **2 mo**

Due to **Chc Myocarditis**
Arteriosclerosis

Due to _____
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) _____
(b) Date of occurrence _____

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 **May Starloff** (M. D. or other) **MD**
Address **512 Osceola** Date signed **2/11/46**

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

6573

Dr. Max Stead
512 Avenue
80-1706
H. to R.
Prison Dept.

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 *Homer W. Prity*
Licensed Embalmer No. *3882*
P. O. Address _____

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.