

No. 2  
M-5-43  
5-17-39  
I X3657

State File No. \_\_\_\_\_

FILED MAR 24 1947  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 2722

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 4016 Carter Ave  
(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 Missouri (b) County oas

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 10/17

(d) Street No. 4016 Carter Ave. (If rural, give location) 9

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Barbara Potje

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Peter 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Nov 30 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Months 3 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Frank Kaipp Birthplace Hungary (City, town, or county) (State or foreign country) 4

13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

14. Maiden name Maria Kepinger

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

16. (a) Informant Peter Potje (b) Address 4016 Carter

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/13/47 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director John H. Laska Sons (b) Address 2630 Gravois

19. (a) MAR 14 1947 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 13 Year 1947 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from 3-7 to 3-13 1947 and that death occurred on the date and hour stated above.

that I last saw h. or alive on 3-12 1947

Immediate cause of death Chronic myocarditis  
Coronary occlusion

Due to Chronic myocarditis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy Atherosclerosis of heart & aorta

Duration \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Chrimodes (Specify type of place) (a) Means of injury \_\_\_\_\_ (M. D. or other) \_\_\_\_\_

Address 4991 Thurst Date signed 3-14-47

Pa-1272

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**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 Robert F. Gebken  
Licensed Embalmer No. 4144  
P. O. Address 2630 Gravois

**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.