S. No. 2
—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947 618

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22576
Registrar's No. 5876

Registration District No. _____ Primary Registration District No. 1003

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 1535 Market St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1535 Market St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Potocnik
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Unknown
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About (Month) 1882 (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
About 65			hr. min.

9. Birthplace Unknown (City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business _____
MOTHER 12. Name Unknown
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Police Report
(b) Address St. Louis Police Dep't.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 16 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5 year 1947 hour 8 minute 8 P.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
Antecedent causes: Fall from second floor
Due to: Walking in a fog, stumbled into hole, fell down flight of stairs, landing on the second floor of the building
Other conditions (Include pregnancy within 3 months of death): First floor of the building
Major findings of operations: Market street around 8:00 P.m. June 5, 1947
Of autopsy _____

Duration

PHYSICIAN: Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Homicide
(b) Date of occurrence June 5 1947
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home or farm, industrial place, in public place? Not (Specify type of place)
While at work? _____ (e) Means of injury Fall
23. Signature Patrick E. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 6-16-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.