No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10571

FILED APR 3 1948

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 2743

1. PLACE OF DEATH:

(a) County:

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

(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/6/46 to 3/18/48 (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.: 5800 Arsenal St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: EMMA MAY POTTS

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Feb. (Month) 8 (Day) 1873 (Year)

8. AGE: Years 75 | Months 1 | Days 10 | If less than one day hr. min.

9. Birthplace: Illinois (City, town, or county) (State or foreign country)

10. Usual occupation: Nil

11. Industry or business:

MOTHER FATHER

12. Name: Richard Schaefer

13. Birthplace: Illinois (City, town, or county) (State or foreign country)

14. Maiden name: Maria Deem

15. Birthplace: Illinois (City, town, or county) (State or foreign country)

16. (a) Informant: City Infirmary Records

(b) Address: 5800 Arsenal St

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 3-19-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Edwardsville, Ill.

18. (a) Signature of funeral director: Albert H. Hoppe

(b) Address: 4700 Washington Blvd.

19. (a) MAR 19 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18 year 1948 hour 6 minute 50 P.M.

21. I hereby certify that I attended the deceased from July 1, 1947, to Mar. 18, 1948 that I last saw her alive on Mar. 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: cardiac failure	
Luetic heart disease	
Due to: Aortic insufficiency	
Due to: Tabo-paresis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 30	
Of autopsy:	

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):

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: Warren C. Lewis (M. D. or other)

Address: 5600 Arsenal Date signed: 3-19-48

Jefferson City Printing Co. (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.....

Licensed Embalmer No.....

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.