

No. 300
-10-47
-17-39
-1 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34574
8854
Registrar's No. _____

FILED OCT 23 1948

Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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 Saint Louis
(c) City or town Clayton
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.1 Box 602C, Clayton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward Potter

3. (b) If veteran, name war No 3. (c) Social Security No. 491 - 14 - 8365

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife wife 6. (c) Age of husband or wife if alive 53 years
Ida Lindsay 3rd 1869
7. Birth date of deceased June 3rd 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 4 8 hr. min.

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

10. Usual occupation Pres. Potter Electric Signal & Mfg. Co.

11. Industry or business Electrical

MOTHER FATHER }
12. Name ?
13. Birthplace Scotland
(City, town, or county) (State or foreign country)
14. Maiden name France
15. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. T. McCane
(b) Address 429 Way, Kirkwood, Missouri

17. (a) Burial (b) Date thereof 10-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.
(b) Address Clayton Road at Concordia Lane

19. (a) OCT 13 1948 (b) J. B. Scalet
(Date received local health officer's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11
year 1948 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10/11 - 1948 to October 11, 1948
that I last saw him alive on 10/11 - 48
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Lung - Bi-Focal
Primary tumor not found.
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) H7

Major findings: Of operations _____

Of autopsy General Carcinoma
Lung, Gall Organs

22. If death was due to external causes, all 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 D. K. Andrews (M. D. or other) M.D.
Address 3720 Washington Date signed 10-11-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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 *Ernest W. Spillers*
Licensed Embalmer No. *H080*

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.