

FILED MAR 8 1949

STANDARD CERTIFICATE OF DEATH

State File No. ....

00236

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6576</u>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MO</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson Barracks, Mo.</u>		c. LENGTH OF STAY (in this place) <u>32 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17 19	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <u>Veterans Administration Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>2648 St. Vincent Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Franklyn</u> b. (Middle) <u>H.</u> c. (Last) <u>POTTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 10, 1949</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Oct. 31, 1910</u>		9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Carbondale, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James M. Potts</u>			13b. MOTHER'S MAIDEN NAME <u>Julia Mae Leach</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give war or dates of service) <u>World-II</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene F. Nolan, Registrar</u>		ADDRESS <u>Vet. Adm. Hosp. Jefferson Barracks, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
i. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA OF LEFT KIDNEY WITH METASTASES</u>				DUE TO (b) <u>180X</u>			Unknown
ANTECEDENT CAUSES				DUE TO (c)			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ii. OTHER SIGNIFICANT CONDITIONS			Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		3 20 60	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 9, 1949</u> , to <u>Feb. 10, 1949</u> , that I last saw the deceased alive on <u>Feb. 10, 1949</u> , and that death occurred at <u>4:20 Am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>Chf. Prof. Services</u>				23b. ADDRESS <u>Vet. Adm. Hosp. Jeff. Bks. Mo.</u>		23c. DATE SIGNED <u>2/10/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-10-49</u>		REGISTRAR'S SIGNATURE <u>Shirley L. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. Hoffmeister</u>		ADDRESS <u>U&amp;L Co., 7817 S. Bdwy. St. Louis, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—0000

MAR 5 1949

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Linus C. Hoffmeister*

Licensed Embalmer No. \_\_\_\_\_

3871

P. O. Address \_\_\_\_\_

7814 S. Broad

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.