

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22159

BIRTH NO.		REG. DIST. NO. 917		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1404	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>#4 Baden Station</b>		c. LENGTH OF STAY (In this place) <b>40 yr</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>#4 Baden Station</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>New Hallsferry Rd.</b>				d. STREET ADDRESS (If rural, give location) <b>New Hallsferry Rd.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sophia</b> b. (Middle) <b>Pott</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>Jun 11th, 1949</b>				
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Jan 20th, 1886</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>? Giesecking</b>		13b. MOTHER'S MAIDEN NAME <b>Wilelmenia Lubering</b>		14. NAME OF HUSBAND OR WIFE <b>John P. Pott</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>no</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bernhardt Pott #4 Baden Station</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Cardiac Dilatation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Chronic Mitral Insufficiency</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Gastroenteritis - marked ptosis of abdominal viscera</b>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>410X</b>			
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 <b>June 5, 1949</b> to <b>June 11, 1949</b> that I last saw the deceased alive on <b>June 11, 1949</b> , and that death occurred at <b>11:07 p.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE <b>H. G. Koenig M.D.</b> (Degree or title)			23b. ADDRESS <b>4548 Harris Av.</b>			23c. DATE SIGNED <b>6/13/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>6/14/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Bethelhem Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>6-13-49</b>	REGISTRAR'S SIGNATURE <b>Thurman W. Lammert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Heurich Funeral Home</b>		ADDRESS <b>8319 Hallsferry</b>		

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Elmer A. Sadinell*

Signed.....

Student Embalmer

Licensed Embalmer No. 4077

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.