

STANDARD CERTIFICATE OF DEATH

FILED AUG 20 1954

State File No. ....

No. 300  
10-48

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3, 7237**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Webster Groves 4617</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>1409 Wells Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Brothers Hosp.</b>			

3. NAME OF DECEASED a. (First) <b>Albert</b> b. (Middle) <b>H.</b> c. (Last) <b>Pottgen, Sr.</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 1, 1954</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 19, 1890</b>	9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1000 HOURS Hours	IF UNDER 1000 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>plumber</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gartland Co. Inc.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>Wm. Pottgen</b>		13b. MOTHER'S MAIDEN NAME <b>Esther Pottgen</b>		14. NAME OF HUSBAND OR WIFE <b>Esther Pottgen</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Esther Pottgen 1409 Wells Ave.</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepato-renal failure acute</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac failure acute</b>		<b>1 day</b>
	DUE TO (c) <b>Advanced Portal Cirrhosis</b> <b>Chronic Cholecystitis &amp; Gallstones of Rt. Hepatic Duct.</b>		<b>2 yrs?</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>7/27</b>	19b. MAJOR FINDINGS OF OPERATION <b>obstruction of Rt. hepatic duct, advanced Portal Cirrhosis</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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 <b>586x</b>
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22. I hereby certify that I attended the deceased from **7/22/54**, 19**54**, to **8/1/54**, 19**54**, that I last saw the deceased alive on **8/1/54**, 19**54**, and that death occurred at **11 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. Caporaso M.D.</b>	23b. ADDRESS <b>1901 Madison St.</b>	23c. DATE SIGNED <b>8/3/54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Aug. 4, 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>AUG 4 1954</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Meyer-Pfizinger 331 S. Kirkwood</b>
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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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*William A. Fitzgibbon*

Licensed Embalmer No. *4316*

P. O. Address *Kentwood, Md*

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.