

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. **10494**

BIRTH NO. _____ REG. DIST. NO. **517** PRIMARY REG. DIST. NO. **541** Registrar's No. **562**

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

I. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give town or township) OR TOWN Clayton c. LENGTH OF STAY (In this place) DOA d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis c. CITY OR TOWN Kirkwood 470 B d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) Kirkwood Hotel, 136a S. Kirkwood Rd.	
3. NAME OF DECEASED a. (First) AVERY b. (Middle) POTEAT c. (Last) POTEAT		4. DATE OF DEATH (Month) (Day) (Year) March 6, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 7, 1905
9. AGE (In years last birthday) 49 IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours 29 Min.		11. BIRTHPLACE (City and State or Foreign Country) N. Carolina	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spinner		10b. KIND OF BUSINESS OR INDUSTRY Asbestos Factory	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Ed Poteat	
13b. MOTHER'S MAIDEN NAME Molly Orr		14. NAME OF HUSBAND OR WIFE Single	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 238-03-6834	
17. INFORMANT'S SIGNATURE OR NAME Ethel Williams, 1010 W. 4th, Charlotte, N.C.		ADDRESS	
18. CAUSE OF DEATH Enter 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) A blow to the head and an old cerebral hemorrhage, suffered in an undetermined manner, and an unknown place. The deceased was found by Kirkwood Police lying on the ground close to the sidewalk at Taylor & Monroe Ave. in Kirkwood. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) undetermined manner, and an unknown place. DUE TO (c) Kirkwood Police lying on the ground close to the sidewalk at Taylor & Monroe Ave. in Kirkwood.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 9035 3/24	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Open	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kirkwood St. Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3/6/55 3:33P m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Fell in street and struck his head.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Arnold J. Williams (Degree or title) Coroner		23b. ADDRESS Clayton, Mo.	
23c. DATE SIGNED 3/9/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/9/55		24c. NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery	
24d. LOCATION (City, town, or county) (State) Charlotte, N. Carolina		25. FUNERAL DIRECTOR'S SIGNATURE H. Popp, Inc. Kirkwood	
DATE REC'D BY LOCAL REG. 3/7/55		REGISTRAR'S SIGNATURE Harold R. Spitzer	
26. ADDRESS		27. (Licensed Embalmer's Statement on Reverse Side) no	

✓ 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.....
Signature of Student Embalmer

Signed..... *Felix Hernandez*

Licensed Embalmer No. *3034*

P. O. Address *Kendall*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.