

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1956

State File No. **32782**

Registrar's No. **2077**

| | | | | | | | |
|--|---|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 312 | | PRIMARY REG. DIST. NO. 500 | | Registrar's No. 2077 | |
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Riverview Gardens | | c. LENGTH OF STAY (in this place) 4 days | | c. CITY OR TOWN Riverview Gardens | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 10057 Grosvenor Dr | | | | e. STREET ADDRESS (If rural, give location) 10057 Grosvenor Dr. | | | |
| 3. NAME OF DECEASED (Type or Print) Helen | | | a. (First) --- b. (Middle) --- c. (Last) Potthoff | | | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1956 | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | 8. DATE OF BIRTH Nov. 21 1880-75-73 | | 9. AGE (In years last birthday) 75-73 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (City and State or Foreign Country) Germany | | 12. CITIZEN OF WHAT COUNTRY? ? Unk. | |
| 13a. FATHER'S NAME Henry Hoeger | | | 13b. MOTHER'S MAIDEN NAME Anna Tress | | 14. NAME OF HUSBAND OR WIFE Oscar Potthoff | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Esther Hahne, 10057 Grosvenor Dr. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES ASHO. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 weeks | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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) 4200 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 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 Aug 15, 1956 , to Sept 3, 56 , that I last saw the deceased alive on Sept 2, 1956 , and that death occurred at 12:05 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Charles K. Holbrook M.D. | | | | 23b. ADDRESS 9901 Diamond Dr. | | 23c. DATE SIGNED 9-3-56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 24b. DATE 9/4/56 | 24c. NAME OF CEMETERY OR CREMATORY Friedens | | 24d. LOCATION (City, town, or county) (State) St. Louis Mo. | | |
| DATE REC'D BY LOCAL REG. 9-4-56 | | REGISTRAR'S SIGNATURE Herbert P. Doulton | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Drehmann-Harral, 1905 Union Blvd. | | | |

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

Dr. C. K. Holbrook,
9901 Diamond Dr.
Un. 7-3300

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..... *Albert R. Thompson*

Licensed Embalmer No. *4237*

P. O. Address *St. Louis*

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.