

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15665  
Registrar's No. 1067

FILED MAY 15 1957  
BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548

1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webster Groves, Mo.</u> c. LENGTH OF STAY (If this place) <u>824 hrs</u>		c. CITY OR TOWN <u>St. Louis</u> 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 <u>621 Tuxedo Blvd.,</u>		e. STREET ADDRESS (If rural, give location) <u>3723 Wyoming St</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Arthur</u> b. (Middle) <u>T.</u> c. (Last) <u>Potthoff</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 21, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 23, 1886</u>
9. AGE (In years) last birthday <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Monumental Ins. Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Peoria, Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collector</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Peoria, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Theodore Potthoff</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Mohr</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Potthoff</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>348-05-6693A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Potthoff 3723 Wyoming</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u>	
ANTECEDENT CAUSES (b) <u>Arterio-sclerotic Heart Disease</u>		<u>2 yrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____	
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 <u>4200</u>		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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) _____	
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</u> , 19 <u>55</u> , to <u>Apr 21, 1957</u> that I last saw the deceased alive on <u>Apr 17, 1957</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>George A. O'Sullivan M.D.</u>		23b. ADDRESS <u>7629 Ivory</u>	23c. DATE SIGNED <u>4-22-57</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 24, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County</u>
DATE REC'D BY LOCAL REG. <u>4-23-57</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Dombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Weick Bros. 2201 S. Grand Blvd.</u>	

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

On Dec 9 Sullivan.  
7629 Dorsey 1-3  
7-9

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.....  
*Dorsey Kahle*

Licensed Embalmer No. 4596  
1220 Duane  
P. O. Address...Flouissant

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.