U.S. No. 300
Rev. 10.48

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

FILED MAY 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15695

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1124

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRECKENRIDGE HILLS
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3229 AIRWAY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRECKENRIDGE HILLS 4221
d. STREET ADDRESS (If rural, give location) 3229 AIRWAY 0

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) ALBERT
c. (Last) POTTERFIELD

4. DATE OF DEATH (Month) (Day) (Year) 4-28-57

5. SEX M 0
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 1-12-1876
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 1 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY RETIRED
11. BIRTHPLACE (State or foreign country) EUREKA MISSOURI 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME JAMES A POTTERFIELD
13b. MOTHER'S MAIDEN NAME EMMA SAVENS
14. NAME OF HUSBAND OR WIFE ADOLPHINA POTTERFIELD

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. 499-01-8963
17. INFORMANT'S SIGNATURE OR NAME ADOLPHINA POTTERFIELD — ADDRESS 3229 AIRWAY

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 1 yr
DUE TO (c) Cystitis — 2 wks

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 4500
20. AUTOPSY? YES ☐ NO ☑ 2

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1-, 1957, *to* 4-28, 1957, *that I last saw the deceased alive on* 4-27, 1957, *and that death occurred at* 7:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Henry W. Noller MD 0
23b. ADDRESS 2438 Woodson Rd
23c. DATE SIGNED 4/28/57

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 5-1-1957
24c. NAME OF CEMETERY OR CREMATORY MOUNT LEBANON
24d. LOCATION (City, town, or county) PATTONVILLE (State) MO

DATE REC'D BY LOCAL REG. 4-30-57
REGISTRAR'S SIGNATURE Herbert R. Donohe MD
25. FUNERAL DIRECTOR'S SIGNATURE Earl Hillenbrand — ADDRESS 9709 Lackland

(Licensed Embalmer's Statement on Reverse Side)

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 Earl F. Hillerman

Licensed Embalmer No. 3501

P. O. Address Overland 14 Mo

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.