SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-015534

STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 4212

FILED MAY 10 1961 318

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Deaconess Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis

c. CITY OR TOWN: Brentwood — Inside Limits: Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location): 9092 W. Swan Circle — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLARA — Middle K. — Last POTEET

4. DATE OF DEATH: Month May — Day 2, — Year 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 8-? -1898

9. AGE (last birthday): 62 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: 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 country): New York, N. Y.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Fred Hager

13b. MOTHER'S MAIDEN NAME: Clara Decker

14. NAME OF HUSBAND OR WIFE: William Poteet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: William H. Poteet, Address: 9092 W. Swan Cir.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

OK Paul J. Scott Dep. Coroner 5-2-61

IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Astroeytoma — ?

DUE TO (c): 193.9

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 5-1-61 to 5-2-61 and last saw her alive on 5-2-61

Death occurred at 9:45A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Herman C Ross M.D.

22b. ADDRESS: 1695 Brentwood Blvd.

22c. DATE SIGNED: 5-2-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5-4-1961

23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Kriegshauser West 9450 Olive Blvd.

25. DATE RECD. BY LOCAL REG.: MAY 3 1961

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

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 R. V. Stoveand

Licensed Embalmer No. 4007

P. O. Address _____

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.