S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28810

FILED AUG 21 1944

Registrar's District No. 317 Primary Registration District No. 3069 Registrar's No. 1716

**1. PLACE OF DEATH:**

(a) County St. Louis,

(b) City or town Richmond Heights, Mo., (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Res:- 8035 Park Dr, Hampton Park. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County St. Louis,

(c) City or town Richmond Heights, (If outside city or town limits, write "RURAL")

(d) Street No. 8035 Park Dr, Hampton Park. (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country

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3. (a) PRINT FULL NAME ADDA LEE POTTER.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Charles E. Potter.

6. (c) Age of husband or wife if alive 74. years

7. Birth date of deceased November (Month) 28, (Day) 1873. (Year)

8. AGE: Years 70. Months 8. Days 14. If less than one day hr. min.

9. Birthplace Memphis, (City, town, or county) Tennessee. (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER 12. Name George W. Speer.

13. Birthplace Cincinnati, (City, town, or county) Ohio. (State or foreign country)

MOTHER 14. Maiden name Josephine Patton.

15. Birthplace Cincinnati, (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant Charles E. Potter.

(b) Address 8035 Park Drive,

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 8/14/44. (Month) (Day) (Year)

(c) Place: burial or cremation Memphis, Tennessee.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) #7235 Delmar Boulevard.

19. (a) AUG 14 1944 (Date received local registrar) (b) E. J. McHarran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 12th, year 1944. hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from 1910 to Aug-12- 1944; that I last saw her alive on Aug 12- 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of small intestine

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr Maurice A. Trachtenbarg M. D. or other)

Address Lister Bld & 500 Olive Date signed Aug 12-44

107 (Licensed Embalmer's Statement on Reverse Side)

Dr. Morris Frankenthal. 4500 Olive
FO: 3800.
11 to 1 P.M. + 4.30 to 5.30 P.M.

## 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence H. Murray

Licensed Embalmer No. 4011.

P. O. Address St. Louis, 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.**