

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JAN 13 1947**  
Registration District No. **318**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

**42842**  
State File No. **11263**  
Registrar's No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Sarnes Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Cape**  
(c) City or town **Cape Girardeau**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Clotilda Ann Potashnick**  
(b) If veteran, name war **Nil**  
(c) Social Security No. **None**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Dec.** day **27**  
year **1946** hour **4** minute **15 P.M.**

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Single**  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

7. Birth date of deceased **August 30 1939**  
(Month) (Day) (Year)  
8. AGE: Years Months Days If less than one day  
**17 3 37** hr. min.

Immediate cause of death  
**General Peritonitis following a abortion on or about Dec 7, 1946 Cause and manner of same could not be determined**  
Duration \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Student**

Major findings Of operations **None**  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_  
12. Name **R.B. Potashnick**  
13. Birthplace **Narrow Point Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Euline Fenwick**  
15. Birthplace **Perryville Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **R.B. Potashnick**  
(b) Address **Cape Girardeau, Mo.**  
17. (a) **Burial** (b) Date thereof **12-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Cape Girardeau, Mo.**

22. If death was due to external causes, fill in the following:  
(a) **Accident, suicide, or homicide** (specify) **Gun Wounds**  
(b) Date of occurrence **about Dec 7 1946**  
(c) Where did injury occur? **Undetermined**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on a farm, in industrial place, in public place?  
**Undetermined**  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury **as above**

18. (a) Signature of funeral director **Albert H. Hoppe**  
(b) Address **4700 Washington Blvd.**  
19. (a) **DEC 20 1946** (b) **J. P. Bradsh**  
(Date received local registrar) (Registrar's signature)

23. **Frank E. Dwyer** (M. D. or other)  
Address **Reg. Bldg.** Date signed **12/30/46**

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

**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. **110211**

Signed *Elmo R. Sadwell*  
Licensed Embalmer No. *4077*

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 this body is not embalmed, fact should be so stated above.**