S. No. 300
v. 10.48

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

AUG 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30583

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 4536 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: WASHINGTON 1100 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POTOSI
c. LENGTH OF STAY (In this place): 45YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: WASHINGTON 1100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POTOSI 0
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FANNIE
b. (Middle):
c. (Last): POTASHNICK

4. DATE OF DEATH (Month) (Day) (Year): AUG. 9 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 12-28-1873
9. AGE (In years last birthday): 79
If under 1 year: Months: 5 Days: 11
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): RUSSIA 6
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: LOUIS POTASHNICK
13b. MOTHER'S MAIDEN NAME: SOPHIA SHAMBERG
14. NAME OF HUSBAND OR WIFE:

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: JOE POTASHNICK
ADDRESS: POTOSI, MO

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) Apoplexy — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic nephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 334X
20. AUTOPSY? YES ☐ 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) 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* July 1, 1950, *to* Aug. 9, 1952, *that I last saw the deceased alive on* Aug. 9, 1952 *and that death occurred at* 3:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph L. Thurman (Degree or title): M.D.
23b. ADDRESS: Potosi, Mo.
23c. DATE SIGNED: 8/12-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-12-1952
24c. NAME OF CEMETERY OR CREMATORY: B'Nai Amoon Cemetery
24d. LOCATION (City, town, or county) (State): ST LOUIS MO

DATE REC'D BY LOCAL REG.: 8/12/52
REGISTRAR'S SIGNATURE: Hebert Eudall
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: SMITH & HIGGINBOTHAM, F.H. POTOSI, MO

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1952

RECEIVED

AUG 26 1952

WASH. COUNTY HEALTH DEPT.

File No. _____

RECEIVED

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WASH. COUNTY HEALTH DEPT.

File No. _____

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 Howard Higgenbotham

Licensed Embalmer No. 45-78

P. O. Address Potosi 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.