S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8686

FILED APR 3 1943

Registration District No. 1949 Primary Registration District No. Registrar's No. 2840

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:
Deaconess Hospital 0
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4925 Parkview Pl 12
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Mary E. Pote

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Thomas B. Pote

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb. 22nd, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 1 Days 1 If less than one day hr. min.

9. Birthplace New Harmony Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation At. Home

11. Industry or business

FATHER
12. Name Lytle Wiley
13. Birthplace New Harmony Ind 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louide Woodham
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Thomas B. Pote
(b) Address 4925 Parkview Pl

17. (a) Removal (b) Date thereof 2/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Harmony Indiana

18. (a) Signature of funeral director Robert J. Ambruster
(b) Address 6633 Clayton Road

19. (a) MAR 24 1943 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23rd
year 1943 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from
, 19 , to 3/23/43 , 19 ;
that I last saw her alive on 3/22/43 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Metastatic Carcinoma of the Spine	6 mo.
Due to Carcinoma of both breasts	
Due to 50	4 yrs
Other conditions 0 (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca Both Breasts

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 S. J. Dean Sauer (M. D. or other)

Address Mo Theatre Bldg Date signed 3/23/43

(Licensed Embalmer's Statement on Reverse Side)

OCT 28 1948

OCT 16 1948

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.....

Licensed Embalmer No. 1996

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.