FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JAN 18 1949

Registration District No. 818

Primary Registration District No. 1003

State File No. 42699

Registrar's No. 11400

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: Jewish 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

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

(d) Street No. 1363 Blackstone
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RAE S. POTASHNICK

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Morris Potashnick

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
About	66	-	-	hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER

12. Name Jacob Shurman

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

14. Maiden name Pauline Gram

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

16. (a) Informant Jerome Potashnick

(b) Address Cincinnati - Ohio

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director Herman Rindskopf, Inc.

(b) Address 5216 Delmar Blvd.

19. (a) DEC 31 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30 year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from 1/21, 1946 to 12/30, 1948; that I last saw her alive on 12/30, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchopneumonia	2 days
Due to: Cerebro-vascular Hemorrhage	3 days
Due to: Generalized arteriosclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: Cerebro-vascular Hemorrhage

PHYSICIAN

Underline the cause of 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 Harold Scheff (M. D. or other)

Address 607 N. Grand Date signed 12/31/48

Jefferson City Printing Co. DEC 31 1948

(Licensed Embalmer's Statement on Reverse Side)

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. 3880

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.