

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3219

FILED JAN 21 1950

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 2002 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>University City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>	
c. LENGTH OF STAY (in this place) <u>50 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>6324 Westminister</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 6324 Westminister</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>University City</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) _____ c. (Last) <u>Potee</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15, 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 25 1870</u>	9. AGE (In years last birthday) <u>79yrs</u>	10. IF UNDER 1 YEAR Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Watsoka Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John L Hamilton</u>	13b. MOTHER'S MAIDEN NAME <u>Ann Eliza Leemon</u>	14. NAME OF HUSBAND OR WIFE <u>George P. Potee</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ray Nolte</u> ADDRESS <u>512 West Point Ave. U. City 5</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1944</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u>		ANTECEDENT CAUSES		170X
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <u>Generalized arteriosclerosis</u>		1942.
DUE TO (b) _____		DUE TO (a) _____		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1934, to 1-15-50, that I last saw the deceased alive on 1-15-50, and that death occurred at 11:35 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Richard W. Clark, M.D.</u>	23b. ADDRESS <u>864 Hamilton Blvd. St. Louis 12 Mo</u>	23c. DATE SIGNED <u>1-16-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 17 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontain Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL <u>JAN 16 1950</u>	REGISTRAR'S SIGNATURE <u>Berbert R. Donke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u> ADDRESS <u>6125 Delmas</u>
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WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 4175 Delma

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.

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