

XC # 747 65 95
SL # 12972

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29899

FILED AUG 30 1957

318

1003

STATE FILE NUMBER 7432
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ST. ANNS 4051		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP.		Length of stay in lb 154 DAYS	d. STREET ADDRESS 10368 ST CATHERINE LANE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last GLEN M. POTASHNICK			4. DATE OF DEATH Month Day Year 8-7-57			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-31-24	9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHEMIST		10b. KIND OF BUSINESS OR INDUSTRY PUTTY & CAULKING	11. BIRTHPLACE (City and state or country) MINERAL POINT, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JOE POTASHNICK			14. MOTHER'S MAIDEN NAME MAMIE HANSFORD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. 487-20-7984	17. INFORMANT Address VA HOS PITAL RECORDS, ST. LOUIS, MISSOURI			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) AGRANULOCYTOSIS DUE TO (c) SEVERE MALNUTRITION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH MINUTES WEEKS 297X	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) VA	20f. CITY, TOWN, OR LOCATION VA	COUNTY	STATE		
21. I attended the deceased from 3-6-57 to 8-7-57 and last saw him alive on 8-7-57 Death occurred at 10:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Le Roy Fink</i> (Degree or title) M. D.			22b. ADDRESS VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 8-8-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 8-8-57	23c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		23d. LOCATION (City, town, or county) (State) Potosi, Mo.		
24. FUNERAL DIRECTOR Smith Funeral Home, Potosi, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. AUG 8 '57	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith MO</i> m&b		

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by Student Embalmer No.

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 4
P. O. Address St. Lo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

-If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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