Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-042879
STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3103

1. PLACE OF DEATH
a. COUNTY St. Louis,
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Manchester, — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Manchester Nursing Home. — Length of stay in 1b 4 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Affton 4830 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 9765 Tesson Ferry Rd. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ANNA Middle Last POTOLSKY

4. DATE OF DEATH Month Nov. Day 26 Year 1958

5. SEX Female

6. COLOR OR RACE White

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐

8. DATE OF BIRTH Feb. 28, 1880

9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (City and state or country) Hungary 6

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Perl

13b. MOTHER'S MAIDEN NAME Rosina Basal

14. NAME OF HUSBAND OR WIFE Late Joseph Potolsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT George Potolsky Address 9765 Tesson Ferry Rd

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Insufficiency	1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Mitral Stenosis	Don't Know
DUE TO (c)	Rheumatic Fever 410X	" "

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Arteriosclerosis, Senile dementia, Senility

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec. 10, '57, to Nov. 25, '58 and last saw her/him alive on Nov. 25, 1958
Death occurred at 4:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ralph W. Laffey, D.C. 2

22b. ADDRESS Box 122, Manchester, Mo.

22c. DATE SIGNED 11-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE Dec. 1, 1958

23c. NAME OF CEMETERY OR CREMATORY S/S Peter & Paul Cem.

23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG. 11-28-58

26. REGISTRAR'S SIGNATURE Herbert R. Donke, MD/jb

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 .....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 4533

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

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