WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 11 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3426

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 114, W. Courtois St. ..... Ward)

File No. .....

Registered No. 659

2. FULL NAME Larence Joseph Politte

(a) Residence, No. 114 W. Courtois St., 1 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 20, 1934.

7. AGE: YEARS 1 | MONTHS 6 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

FATHER

13. NAME: Lawrence E. Politte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Marie A. Fuerth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape Girardeau Missouri

17. INFORMANT (ADDRESS): Lawrence E. Politte 114 W. Courtois St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herculaneum, Mo. DATE Jan. 19 1936

19. UNDERTAKER (ADDRESS): C. Hoffmeister U. & L. Co. 7814 So. Broadway

20. FILED JAN 18 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1936, to Jan. 17, 1936

I last saw him alive on Jan. 16, 1936 Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Acute tonsillitis & Streptococcic sore throat — Date of onset 1-12-36

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Other contributory causes of importance: none

Name of operation none Date of .....

What test confirmed diagnosis? physical examination Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Chas. E. Paule, M. D.

(Address) 7806 S. Broadway

Dr. Paul
7600 So. B'way