

DECEASED SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois

Township St. Francois

City (near) Farmington

Registration District No. 773

Primary Registration District No. 6018A

29917

File No.

Registered No. 100

Ward

2. FULL NAME Theodosiz Politte

(a) Residence, No. Blackwell, Mo. St. 430 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 Female 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) May 1857

7. AGE YEARS 81 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping 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) St. Louis, Mo. (STATE OR COUNTRY)

MOTHER FATHER 13. NAME Lewis Politte

14. BIRTHPLACE (CITY OR TOWN) Sta. Genevieve, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Emeline Vinyard

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Records of State Hospital No. 4 (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Vineland, Mo. DATE Aug. 3d 1938

19. UNDERTAKER Politte Funeral Home (ADDRESS) Crystal City, Mo.

20. FILED Aug 1 1938 B. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1938

22. I HEREBY CERTIFY That I attended deceased from Sept. 4, 1933 to August 1, 1938

I last saw him alive on August 1, 1938 Death is said to have occurred on the date stated above, at 12:20 P.M.

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

Arteriosclerosis, generalized + marked
Chronic myocarditis
(Myocardial failures)
1938

Date of onset

?

8/1/38

Other contributory causes of importance: Acute gastroenteritis, typhoid 8/1/38

Determined

Psychosis with Mental Deficiency

Name of operation None Date of

What test confirmed diagnosis: Clinical 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) C. C. Ault M. D.

(Address) Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Geulroy P. Politto, Licensed Embalmer No. 3481
hereby certify that the body recorded on the reverse side of this certificate was
embalmed by Politto Funeral Home L.E. Geulroy P. Politto
No. _____ or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Geulroy P. Politto

Licensed Embalmer No. 3481

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)