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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12916

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3346

1. PLACE OF DEATH:
(a) County St. LOUIS Mo.
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Isolation 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 hrs & 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri. (b) County 17
(c) City or town St. Louis Mo. NGR
(If outside city or town limits write "RURAL")
(d) Street No. Old Mines Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME Ruth Politte.
8. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced O
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 6th 1937 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
4	2	10	hr. min.

9. Birthplace Old Mines (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Nil
11. Industry or business
MOTHER FATHER
12. Name Thurl Politte
13. Birthplace ? (City, town, or county) Missouri (State or foreign country)
14. Maiden name Anna Rotelle
15. Birthplace ? (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-41 (Month) (Day) (Year)
(c) Place: burial or cremation Old mines Mo
18. (a) Signature of funeral director Sparks Undt Co
(b) Address Potosi Mo
19. (a) APR 17 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th year 1941 hour 12 minute 55 P. M.
21. I hereby certify that I attended the deceased from 4/16, 19 41 to 4/16, 19 41 that I last saw her alive on 4/16, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Encephalitis, type undetermined.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No gross pathology discovered at autopsy.

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature R W Maxwell (M. D. or other)
Address Isolation Hosp. St. Louis Date signed 4/17/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address [illegible]

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, above space should be left blank.