. 2
-41
-39
K26390

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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22631

Registration District No. 78X Primary Registration District No. 101 Registrar's No. 1260

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: Clayton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital ( )
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1-Day (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis 96

(c) City or town: Webster Groves, 7
(If outside city or town limits, write "RURAL")

(d) Street No.: 244 #. Glendale Rd. 4
(If rural, give location)

(e) Citizen of foreign country? No / (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Lillian B. Politte

3. (b) If veteran, name war: 3. (c) Social Security No.:

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: William Politte 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Dec (Month) 6 (Day) 1874 (Year)

8. AGE: Years 66 | Months 6 | Days 11 | If less than one day: hr. min.

9. Birthplace: Mo. (City, town, or county) O (State or foreign country)

10. Usual occupation: Retired

11. Industry or business:

FATHER
12. Name: Bailey
13. Birthplace: 9 Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: 9 Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Ethel Wild
(b) Address: 3321 Coles Ave. Overland, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem.

18. (a) Signature of funeral director: Louis H. Boppelmann
(b) Address: Kirkwood, Mo.

19. (a) JUN 17 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1941 hour 12:15 minute A M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...;
that I last saw h... alive on ..... 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion.	
Due to: Diabetes.	
Due to: 61	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy: Yes.	

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: 3

23. Signature: Louis H. Boppelmann (M. D. or other)
Address: Kirkwood, Mo. 6/17/41 Date signed

(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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Wilsenach,

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

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