No. 2
1-4-41
5-17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26226

Registration District No. 784 Primary Registration District No. 260 Registrar's No. 1470

1. PLACE OF DEATH:

(a) County St. Louis Co.

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

(c) Name of hospital or institution: 9533 Longwood (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 10 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Lemay (If outside city or town limits, write "RURAL") 0

(d) Street No. 9523 Longwood (If rural, give location) 0

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Lucion Politte

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

4. Sex male () 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lottie Politte 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased March (Month) 11 (Day) 1865 (Year)

8. AGE: Years 76 Months 4 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) () Missouri (State or foreign country)

10. Usual occupation watchman

11. Industry or business .....

FATHER
12. Name Charles Politte
13. Birthplace ..... (City, town, or county) () Mo. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace ..... (City, town, or county) () Mo. (State or foreign country)

16. (a) Informant Lottie Politte

(b) Address 9523 Longwood

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-16-41 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olive

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan

19. (a) JUL 16 1941 (Date received local registrar) (b) J. R. Meyer M.D. D.P.H. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1941. hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from 7-12-41, 19..., to 7-13-41, 19...; that I last saw him alive on July 12 th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction — Duration: Two Days

Due to Probable Malignancy origin in stomach. — One Year?

Due to .....

Other conditions (Include pregnancy within 3 months of death) .....

Major findings: Of operations ..... 46 B

Of 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 .....

23. Signature A. J. Steiner (M. D. or other) MD

Address 1116 Lemay Ferry Date signed 7-14-41

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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