

FILED FEB 9 1943
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Joseph C. Politte

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Edges Politte 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased December 24, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

53 1 7 _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Zeno Politte

13. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Declue

15. Birthplace Washington County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Homer Politte

(b) Address Potosi, Missouri

17. (a) Burial (b) Date thereof 2/2/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Mines, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) FEB 1 1943 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 110

(a) State Missouri (b) County Washington

(c) City or town Cadet
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31
year 1943 hour 10 minute 4 M.

21. I hereby certify that I attended the deceased from 1-23- 1943 to 1-31- 1943
that I last saw him alive on 1-30- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction
Coronary thrombosis
Arteriosclerosis

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) _____
(c) Means of injury _____

23. Signature Carl Klein (M. D. or other) _____
Address Washington Blvd Date signed 2-1-43

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.....

Walter G Burnley

Licensed Embalmer No. 4202

P. O. Address.....

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, fact should be so stated above.