

FILED MAR 15 1943 318

Registration District No.

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 29 Days
(Specify whether
In this community..... 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2043 Park Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME CHARLES POLETTE

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

4. Sex M 5. Color or face W 6. (a) Single, widowed, married, divorced 2 widowed

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

7. Birth date of deceased..... Jan. 7th 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 24 hr. min.

9. Birthplace..... St. Genevieve, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation..... Retired

11. Industry or business..... Retired

12. Name..... Kaismer Polette
13. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

14. Maiden name..... Elizabeth Siminoe
15. Birthplace..... Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mamie Madigan
(b) Address..... 2043 Park Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 3/5/43
(Month) (Day) (Year)

(c) Place: burial or cremation..... Bonne Terre, Mo.

18. (a) Signature of funeral director..... A. Y. M. Laughlin
(b) Address..... 2301 Lafayette Ave

19. (a) MAR 3 1943 (Date received local registrar) (b) J. F. Bruch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
year 1943 hour 8 minute 00 P. M.

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

Immediate cause of death..... Pulmonary Thrombosis
trace right femur suffered
when deceased stumbled and
fell to the asphalt paved
street February 1943 about
8.30 PM. at Jefferson & Clark

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

Major findings:
Of operations.....

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)..... Accident
(b) Date of occurrence..... Feb 3-43
(c) Where did injury occur?..... St Louis 000
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work?..... (Specify type of place)
(a) Means of injury..... fall

23. Signature..... Thomas F. Callender (M. D. or other)
Address..... Deputy Coroner Date signed..... 3-3-43

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

MOTHER FATHER

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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

L. R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.