

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

FILED MAR 20 1946
Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2441**

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 _____ (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Fred 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 Mary Politte **6. (c) Age of husband or wife if alive** 67 years

7. Birth date of deceased May 17, 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>9</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER

12. Name Michel Politte

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Politte

(b) Address 207 Duchouquette St.

17. (a) Burial New St MARCUS @ M **(b) Date thereof** Mar. 15/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Weick Bros.

18. (a) Signature of funeral director 2201 S. Grand Bl.
(b) Address

19. (a) MAR 13 1946 J. F. Bredeck
(Date received local Registrar) (Registrar's signature)

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. 207 Duchouquette St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 10
year 1946 hour 4 minut 25 A. M.

21. I hereby certify that I attended the deceased from Jan 10
1946 to Mar 9 1946
that I last saw him alive on Mar 9 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Duration 3 yrs

Due to _____

Due to _____

Other conditions: asthma; Chronic
(Include pregnancy within 5 months of death)

Major findings: bronchitis; senility.

Of operations: none

Of autopsy: none

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

22. If death was due to external causes, fill in the following: no.

(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) (e) Means of injury _____

23. Signature J. F. Bredeck (M. D. or other) MD.
Address 2105 So Broadway **Date signed** 3/14/46

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 W. A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.