

No. 2
12-45
-17-39
X47670

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15536**
3549

FILED APR 28 1947

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St Louis, Missouri.**

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State **Calif.** (b) County _____

(c) City or town **Walnut**

(d) Street No. _____

(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME **Michael (MIKE) POLITO**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex **MALE** Color or race **W**

5. (a) Single, widowed, married, divorced **W 2**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **February 15 1878**

8. AGE: Years **69** Months **1** Days **17**

If less than one day hr. _____ min. _____

9. Birthplace **New York** (City, town, or county) **N. Y.** (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business _____

12. Name **John polito**

13. Birthplace **Naples** (City, town, or county) **Italy** (State or foreign country)

14. Maiden name **Mary Gardella**

15. Birthplace **Naples** (City, town, or county) **Italy** (State or foreign country)

16. (a) Informant **Nicholas A. Polito Sr.**

(b) Address **1837 Madison**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **April 5-47**

(c) Place: burial or cremation **Lakewood Park**

18. (a) Signature of funeral director **P. Miceli - Sons.**

(b) Address **1150 N. Kingshighway Blvd.**

19. (a) **APR 3 1947** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2nd** year **1947** hour **2:55** minute **A** M.

21. I hereby certify that I attended the deceased from **March 30th 1947** to **April 2nd 1947**

that I last saw him alive on **April 2nd 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to **Arteriosclerosis**

Other conditions **Thrombosis left lateral coronary artery - 1 week**

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(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 **Hubert S. ...** (M. D. or other) **4/2/47**

Address **1515 Lafayette** Date signed _____

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

MOTHER FATHER

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 Albert Mayfield

Licensed Embalmer No. 307

P. O. Address. St Louis

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.