

## STANDARD CERTIFICATE OF DEATH

107650

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 4661

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1.</u>				d. STREET ADDRESS (If rural, give location) <u>17 3841 FOLSON</u>			
3. NAME OF DECEASED (Type or Print) a. (First) _____		b. (Middle) <u>GEORGE</u>		c. (Last) <u>POLITTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 1st, 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED</u>		8. DATE OF BIRTH <u>2-8-1910</u>	9. AGE (in years last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>	
13a. FATHER'S NAME <u>LEX POLITTE</u>		13b. MOTHER'S MAIDEN NAME <u>JULIA TEBOLT</u>		14. NAME OF HUSBAND OR WIFE <u>PATRICIA POLITTE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDGAR POLITTE 3841 FOLSON</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Carcinoma of Sigmoid Colon</u> ANTECEDENT CAUSES <u>C. Generalized Metastases</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>155K</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1/22/50</u> , 19 <u>50</u> , to <u>2/1/50</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>2/1/50</u> , 19 <u>50</u> , and that death occurred at <u>8:40 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. Pennington M.D.</u>				23b. ADDRESS <u>1515 Lafayette Ave.</u>		23c. DATE SIGNED <u>2/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CITY</u>		24d. LOCATION (City, town, or county) (State) <u>DESOTO MO</u>	
DATE REC'D BY LOCAL REG. <u>FEB 2 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Laster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schauer 3125 LAFAYETTE</u>			

**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 \_\_\_\_\_

X

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed jos B Vollmer .....

Licensed Embalmer No. 4014 .....

P. O. Address 3125 Liberty 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.**