

FILED JUN 29 1951

STANDARD CERTIFICATE OF DEATH

State File No. **21400**  
Registrar's No. **5605**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**  
c. LENGTH OF STAY (In this place) **17 days**  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Christian Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri**  
b. COUNTY \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**  
d. STREET ADDRESS (If rural, give location) **4517 Union Blvd.**

3. NAME OF DECEASED  
a. (First) **Joseph**  
b. (Middle) **J.**  
c. (Last) **Polito**

4. DATE OF DEATH (Month) (Day) (Year)  
**June 19, 1951**

5. SEX **male**  
6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Sept. 24, 1886**

9. AGE (In years last birthday) **64**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 6 WKS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Park Police**

10b. KIND OF BUSINESS OR INDUSTRY **City of St. Louis**

11. BIRTHPLACE (State or foreign country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John Polito**

13b. MOTHER'S MAIDEN NAME **Unknown**

14. NAME OF HUSBAND OR WIFE **Clara L. Polito**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Clara L. Polito - 4517 Union**

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.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CARDIO-VASCULO-RENAL DISEASE**  
INTERVAL BETWEEN ONSET AND DEATH **-?**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **DIABETES MELLITUS**

20. AUTOPSY?  
YES  NO

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) \_\_\_\_\_

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK?  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **H42X**

22. I hereby certify that I attended the deceased from **Mar 8, 1949** to **June 19, 1951**, that I last saw the deceased alive on **June 19, 1951**, and that death occurred at **3:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **John G. McJannet MD**

23b. ADDRESS **504 Thelma Ave. St. Louis**

23c. DATE SIGNED **6/20/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **6/22/51**

24c. NAME OF CEMETERY OR CREMATORY **Calvary**

24d. LOCATION (City, town, or county) (State) **St. Louis, Missouri**

DATE RECEIVED BY LOCAL REG. **6/21/51**  
REGISTRAR'S SIGNATURE **J. B. Lasater**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Drehmann-Harral - 1905 Union Blvd.**

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

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Warren P. Carter*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3534

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.