

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **42714**  
Registrar's No. **11118**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>42714</b>		Registrar's No. <b>11118</b>					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>				c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>St Louis</b>		d. Is Residence within limits of a city or incorporating town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sisters Poor South</b>				e. STREET ADDRESS <b>23 1435 So 9th</b>		22390							
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEXY</b>			b. (Middle) _____			c. (Last) <b>Polette</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5 1954</b>				
5. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Mar 4 1865</b>		9. AGE (In years last birthday) <b>89</b>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 100 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Crossing Watchman</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Old Mines Mo</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Unknown Polette</b>				13b. MOTHER'S MAIDEN NAME <b>Rozina Unknown</b>				14. NAME OF HUSBAND OR WIFE <b>Julia Polette</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>				16. SOCIAL SECURITY NO. <b>490 206 21</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edgar Politte</b> ADDRESS <b>3841 Folsom</b>							
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) <b>Cardiac Degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart disease</b> DUE TO (c) <b>Gen. Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <b>weeks</b> <b>yrs</b> <b>yrs.</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>St Louis, Mo</b>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>									
22. I hereby certify that I attended the deceased from <b>Jan 1954</b> , to <b>12/5/54</b> , 19____, that I last saw the deceased alive on <b>12/1/54</b> , 19____, and that death occurred at <b>1:15 p.m.</b> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <b>R. A. Mezera M.D.</b>				23b. ADDRESS <b>R. A. MEZERA, M.D. 539 NO. GRAND ST. LOUIS, MO</b>				23c. DATE SIGNED <b>12/6/54</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Dec '9 54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Old Mines</b>		24d. LOCATION (City, town, or county) (State) <b>Old Mines Mo</b>							
DATE REC'D BY LOCAL REG. <b>DEC 6 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>				25. FUNERAL DIRECTOR'S SIGNATURE <b>E.J. Schnur</b> ADDRESS <b>3125 Lafayette</b>							

(Licensed Embalmer's Statement on Reverse Side)

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

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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Joe B. Vollmer*

Licensed Embalmer No. *4014*  
P. O. Address *3125 F...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.