

FILED OCT 21 1942

State File No.

Registrar's No. 8328

Registration District No. 318

Primary Registration District No. 1003

40

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8501 Riley Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Politte
3. (b) If veteran, name war
3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6th
year 1942 hour 1 minute 20 P.M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William Politte 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased March 10, 1892
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
..... 19..... to..... 19.....
that I last saw him alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
50 6 26 hr. min.

Immediate cause of death
Tubercular Pneumonia
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Bonne Terre Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business
12. Name Stalle Asbridge
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Roberts
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant William Politte
(b) Address Bonne Terre, Missouri
17. (a) Burial (b) Date thereof 10/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre Missouri

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.
19. (a) OCT 7 1942 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

23. Signature Alfred J. Perig (M. D. or other)
Address Capitola Date signed 10/7/42

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 G. Kasper

Licensed Embalmer No. *2991*.....

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.