FILED AUG 20 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26130
Do not use this space.

1. PLACE OF DEATH
(a) County ST Louis — Registration District No. 791
(b) Township — Primary Registration District No. 1003 — Registered No. 6752
(c) City ST LOUIS — (d) Street No. ST. JOHNS HOSPITAL St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Politte NR
(a) Residence, No. Crystal City St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 8th 1942
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, 11 hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. INFANT
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST Louis Mo.

FATHER
13. NAME Gentry R. Politte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blackwell Mo

MOTHER
15. MAIDEN NAME Georgetta Worden
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edwardsville Illinois

17. INFORMANT (ADDRESS) Gentry R. Politte Crystal City, Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Crystal City Mo DATE Aug. 9 1942
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gentry R. Politte Crystal City, Mo
20. FILED AUG 11 1942 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 8th 1942
22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1942, to Aug 8, 1942
I last saw him alive on Aug 8 1942 Death is said to have occurred on the date stated above, at 3:30 P.m.
The principal cause of death and related causes of importance were as follows:
Premature - 7 Mos
gestation -
Atelectasis - 15
Date of onset
Other contributory causes of importance:
Twin pregnancy
Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury —
Nature of injury —
24. Was disease or injury in any way related to occupation of deceased? —
If so, specify —
(Signed) Mathew W. Weis, M. D.
(Address) 634 No Grand Ave St Louis Mo.

Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-1-12-38 I X14028

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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 .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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, above space should be left blank.