

No. 2
A-2-43
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32608

State File No.

FILED SEP 25 1943 317

Registration District No.

Primary Registration District No. 3069

Registrar's No. 2143

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
6903

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS R.H.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ST. MARYS HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 mo.
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME PATRICIA ELAINE POLETTE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased APRIL 26 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 4 26 hr. _____ min.

9. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name TIMAN POLETTE

13. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

14. Maiden name LULU RUMP

15. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Timan Polette

(b) Address 2762 Rutger St.

17. (a) BURIAL (b) Date thereof Sept 23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD MINES MO.

18. (a) Signature of funeral director E. J. Schurz

(b) Address 3125 Lafayette Av.

19. (a) SEP 23 1943 (b) [Signature]
(Date received at office) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2762 RUTGER ST. 7
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May
1943 to Sept 21 1943
that I last saw her alive on 9-21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hemangiomas of head neck, -
Due to congenital - 5 mo.

Due to 15 mo

Other conditions Enteritis 3 wks.
(Include pregnancy within 5 months of death)

Major findings: Extensive hemangioma PHYSICIAN _____
Of operations _____ Underline the cause to which death should be charged statistically.
Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury Charles Sherrin

23. Signature [Signature] (M. D. or other) _____
Address 3720 Washington Date signed 9/21/43

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 Joe B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis, Mo

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.