

Registration District No. 160

Primary Registration District No. 3030

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Festus
(c) Name of hospital or institution:
715 Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
In this community 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Washington
(c) City or town Tiff Missouri 110
(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 Zeno Politte

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Elizabeth DeClue
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 3., 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
93 10 20 hr. min.

9. Birthplace Washington County Mo 17
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter (Retired)

11. Industry or business

MOTHER FATHER
12. Name Antwine Politte
13. Birthplace Washington County Mo 0
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Politechon
(b) Address 715 Jefferson Ave., Festus Mo.
17. (a) Burial (b) Date thereof 10/21/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Old Mines Mo.

18. (a) Signature of funeral director H. Stuyard
(b) Address Festus Mo.

19. (a) Nov. 2-1943 (b) Mrs. Amy Morgan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 23
year 1943 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from Oct 16, 1943 to Oct 23, 1943
that I last saw him alive on Oct 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Due to Atherosclerosis
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy
PHYSICIAN

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

23. Signature H. Stuyard M.D. (M. D. or other)
Address Crystal City Mo Date signed Oct 23/43

WRITE PLAINLY—USE 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed *H. H. Tinsford*
Licensed Embalmer No. 3010
P. O. Address *Foster 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.