S. No. 2
M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1946
318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38648

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 11272

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days)

In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2540a University Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ____

3. (a) PRINT FULL NAME JENNIE L. POLETTE

3. (b) If veteran, name war No

3. (c) Social Security No. ____

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Phil

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased November (Month) 12 (Day), 1890 (Year)

8. AGE: Years 55 | Months 1 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace Granite Vilk, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Container Can Co.

FATHER
12. Name William Patterson
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nancy Hull
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Catherine Ferro
(b) Address 2309 Dodier Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-45 (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) DEC 27 1945 (Date received local registrar) (b) J. Frederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22 year 1945 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 18, 1945 to Dec 22, 1945 that I last saw her alive on Dec. 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death 1) Bowel Obstruction due to 2) Tubo-ovarian abscess.	3 da
Due to 3) Peritonitis	Chronic
Due to 4) Carcinoma Rt. Ovary	
Other conditions (Include pregnancy within 3 months of death) Tubo-ovarian abscess	
Major findings: Of operations Peritonitis	
Of autopsy Peritonitis Carcinoma Rt. ovary	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? ____ (Specify type of place)

While at work? ____ (e) Means of injury ____

23. Signature Martin B. Kirchner (M. D. or other)

Address 508 N. Euclid Date signed 12/22/45

(Licensed Embalmer's Statement on Reverse Side)

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.....C. H. Cooper.....

Licensed Embalmer No. 3830

P. O. Address 2317 Lafayette Av

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.