

**FILED JAN 11 1946**  
Registration District No. **318**

Primary Registration District No. **1003**

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3400 S. Grand Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** Ambrose Politte  
**3. (b) If veteran,** name war Nil **3. (c) Social Security** No. None  
**4. Sex** Male **5. Color, or race** white **6. (a) Single, widowed, married,** Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if**  
alive \_\_\_\_\_ years  
**7. Birth date of deceased.** August 13 1854  
(Month) (Day) (Year)

**8. AGE:** Years 91 Months 4 Days 15 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** Old Mines Missouri  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Mining

**11. Industry or business** \_\_\_\_\_  
**12. Name** Joseph Politte  
**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Josephine Bonnot  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Sister Bernadette  
**(b) Address** 3400 S. Grand Ave.

**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** 12-30-45  
(Month) (Day) (Year)  
**(c) Place: burial or cremation** Old Mines, Missouri

**18. (a) Signature of funeral director** Albert H. Hoppe  
**(b) Address** 4700 Washington Blvd.

**19. (a)** JAN 2 1946 **(b)** J. F. Bredek  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Washington  
(c) City or town Old Mines  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) NR!  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Dec. day 28  
year 1945 hour 4:30 minute \_\_\_\_\_ M.  
**21. I hereby certify that I attended the deceased from** Dec 17, 1945 to Dec 28, 1945  
that I last saw her alive on Dec 27, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Arteria Subara. 12 28  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions giz  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
Major findings: \_\_\_\_\_  
-Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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?  
\_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
**23. Signature** [Signature] M. D. or other \_\_\_\_\_  
**Address** 607 W. Grand **Date signed** 12/28/45

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

MOTHER FATHER

00  
17  
9

**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

*Elmo P. Gadwell*

Licensed Embalmer No. 4077

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.**