

FILED MAY 27 1957

STANDARD CERTIFICATE OF DEATH

19170

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4557

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deaconess Hospital</u>		Length of stay in lb <u>6 hrs</u>		d. STREET ADDRESS <u>2857a Ohio</u> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>W.</u> Last <u>Politte</u>		4. DATE OF DEATH Month <u>May</u> Day <u>12</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 18, 1912</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Beer Bottler</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Anheuser-Busch</u>		11. BIRTHPLACE (City and state or country) <u>Mineral Point, Mo.</u>	
13. FATHER'S NAME <u>Thomas T. Politte</u>		14. MOTHER'S MAIDEN NAME <u>Annie J. Jolly</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>Yes WW 2</u>		16. SOCIAL SECURITY NO. <u>499-01-7199</u>		17. INFORMANT Address <u>Lorraine Politte 2857 Ohio</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage, acute massive left, into ventricles of brain</u> Conditions, if any, which are rise of above cause or which are the underlying cause: (b) <u>Hypertensive heart disease</u> DUE TO (c) <u>Hypertension essential</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u> <u>7 years</u> <u>7 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Carbosis of liver, Laeumer 44, Chronic 44/31</u>				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>140 pm 5/12/57</u> to <u>7:30 pm 5/12/57</u> and last saw <u>her</u> alive on <u>May 13 1957</u> Death occurred at <u>7:30 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Joseph Edwards MD</u>		22b. ADDRESS <u>3720 W Washington Bldg</u>		22c. DATE SIGNED <u>5-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>May, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Mo.</u>					
24. FUNERAL DIRECTOR <u>C. Hofmeister Mortuaries</u> 7814 So. Broadway St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. <u>MAY 13 57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>	

JUN 10 1957

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bill C. Bruns*

Licensed Embalmer No. *42*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.