

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7100

State File No.

BIRTH NO. FILED FEB 18 1954 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>3 hrs.</u>		e. STREET ADDRESS (If rural, give location) <u>1886 E. 39th Parkway 2011</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Kelly</u> c. (Last) <u>Politte</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1-15-54</u>
---	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 22, 1932</u>	9. AGE (In years last birthday) <u>21</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>23</u> IF UNDER 6 HRS. Hours <u>1</u> Min.
--------------------	-------------------------------	--	--------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General Work</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>William Politte</u>	13b. MOTHER'S MAIDEN NAME <u>Alice Asdbridge</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unk.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>William Politte</u>	ADDRESS <u>Mapaville, Mo.</u>
--	-------------------------------------	--	-------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Laceration</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extensive skull fracture</u> DUE TO (c) <u>Automobile Accident</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Retropneural hemorrhage, Pulm. Edema</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hwy.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RURAL St. Louis MO.</u>
--	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>Jan. 14 1954 11:20 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>
---	---	---

22. I hereby certify that I attended the deceased from 1-14-, 1954, to 1-14-, 1954, that I last saw the deceased alive on 1-14-, 1954, and that death occurred at 3:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George Gony M.D.</u>	23b. ADDRESS <u>601 S. Bronwood Clayton Mo</u>	23c. DATE SIGNED <u>1/16/54</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>1-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marrin Chapel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bonne Terre, Mo.</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>1/16/54</u>	REGISTRAR'S SIGNATURE <u>Heber B. Adams M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry K. Politte</u>	ADDRESS <u>Crystal City, Mo</u>
---	--	--	---------------------------------

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gentry R. Polette

Licensed Embalmer No. 348

P. O. Address Crystal City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.