

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**7053**

**1. PLACE OF DEATH**

County.....  
Township.....  
City *St. Louis* (No. *8115*)

Registration District No. *791*  
Primary Registration District No. *1003*  
*Canary Ave*

File No.....  
Registered No. *1919*  
St. .... Ward)

**2. FULL NAME**

*Frederick J. Pitts*  
(a) Residence. No. *8115 Canary Ave* St. *8* Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widower*

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Katherine Pitts (nee Gottschall)*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 6 1853*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
*76 8 14*

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *Carpenter*  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) *Germany*

10. NAME OF FATHER *Nicholas Pitts*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER *Hot Knevy*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

**14.**

INFORMANT. *John Pitts*  
(Address) *8546 Parkwood Pl.*

**15.**

FILED *1919* REGISTRAR *Max Starker*

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 20 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Oct. 1<sup>st</sup>* 19*28* to *Feb. 19 1930* that I last saw him alive on *Feb. 19 1930*, and that death occurred, on the date stated above, at *6:30 P. m.*

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

*Chronic Bronchial  
asthma non tubercular*

CONTRIBUTORY *Acute Myocarditis* (SECONDARY) (duration) *5* yrs. *10* mos. *10* ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS? *Spec*

(Signed) *W. H. Henshaw* M. D.

*Feb. 21 1930* (Address) *415 W. Henshaw on*

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

*Friedens* *Feb. 24 1930*

**20. UNDERTAKER**

**ADDRESS**

*Mat. Germany and Son* *2161 E. Fair On*

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10 29

Jun 1 1853