

APR 9 1941
Registration District No. **784**

Primary Registration District No. **101**

Registrar's No. **584**

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis County Hospital **0**
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether years, months or days)

In this community **12 years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Pauline U. Pittman**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**

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

6. (b) Name of husband or wife **Alex** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 25 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 11 17 hr. min.

9. Birthplace **St. Louis Co.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **Jacob J. Meyers**

13. Birthplace **Switzerland** **4**
(City, town, or county) (State or foreign country)

14. Maiden name **Lena Haltur**

15. Birthplace **Switzerland** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Roy Pittman**

(b) Address **1318 Pennsylvania**

17. (a) **Burial** (b) Date thereof **3/17/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill Cemetery**

18. (a) Signature of funeral director **Geo. L. Pleitsch**

(b) Address **5966 Easton Ave.**

19. (a) **MAR 17 1941** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis** **96**

(c) City or town **Berkley City** **1**
(If outside city or town limits, write "RURAL")

(d) Street No. **St. Louis County**
(If rural, give location)

(e) If foreign born, how long in U. S. A. **1** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **14th**
year **1941** hour **4:50 P.** minute _____ M.

21. I hereby certify that I attended the deceased from **3/8/41**
19____ to **3/14/41** 19____
that I last saw her alive on **3/14/41** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Apoplexy** **6 days**
Duration

Due to **Arterio sclerotic heart disease** **6 yrs**
Duration

Due to _____

Other conditions **Coronary occlusion** **3 weeks**
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations **93 d**

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)

(c) Means of injury _____

23. Signature **B. J. Stuhlman** **0 10 0**
(M. D. or other)

Address **St. Louis Co. Hospital** Date signed **3/17/41**

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.....

David C. Gibson

....., Registered Apprentice No.

working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. *34524*

P. O. Address *St Louis Mo*

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.