U. S. No. 2
M—1-4-41
Rev. 5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 716

FILED FEB 24 1941

Registration District No. 791 — Primary Registration District No. 100 — Registrar's No. 10308

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

000 17 9

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Baptist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 20 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17 19
(d) Street No. 3662 Grandell Square (If rural, give location) 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW JACKSON PITTMAN

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

4. Sex Male — 5. Color or race W — 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lillian Taylor Pittman — 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased July (Month) 24 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day hr. min.
66	5	2	

9. Birthplace Okawville (City, town, or county) / Ill (State or foreign country)
10. Usual occupation Telegraph operator
11. Industry or business Railroads

MOTHER FATHER
12. Name Chas. A Pittman
13. Birthplace Center Square (City, town, or county) / Indiana (State or foreign country)
14. Maiden name Eliza C. Morgan
15. Birthplace Okawville (City, town, or county) / Ill. (State or foreign country)

16. (a) Informant Mrs Lillian Griesheimer
(b) Address Okawville - Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation I. O. O. F. Cemetary
18. (a) Signature of funeral director Otto H. Buchmueller
(b) Address Okawville, Ill.
19. (a) DEC 27 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26 year 1941 hour 1:55 minute A.M.

21. I hereby certify that I attended the deceased from November 28 1941 to December 26 1941 that I last saw him alive on December 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary thrombosis	1 mo
Cardiac decompensation	4 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Myocardial infarction, Coronary arteriosclerosis	

PHYSICIAN — 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Truman G. Drake (M. D. or other)
Address 114 N. Taylor Ave. Date signed 12/24/41

844 (Licensed Embalmer's Statement on Reverse Side)

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 John Ketter

Licensed Embalmer No. 3880

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.

J.E. 1911