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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22471

FILED JUN 19 1943

Registration District No. 7 Primary Registration District No. 6076 Registrar's No. 1392

1. PLACE OF DEATH:
(a) County: ST. LOUIS
(b) City or town: KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: —
(c) City or town: ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No.: 1316 CHOUTEAU
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: WILLIAM PITTMAN
3. (b) If veteran, name war: YES - WORLD WAR #1
3. (c) Social Security No.: 490-01-0482
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: BETTY FLICK PITTMAN
6. (c) Age of husband or wife if alive: 43 years
7. Birth date of deceased: 2 - 15 - 91 (Month) (Day) (Year)
8. AGE: Years 52 Months 3 Days 26 If less than one day hr. min.
9. Birthplace: MITCHELL (City, town, or county) IND (State or foreign country)
10. Usual occupation: RIVETER
11. Industry or business: —
FATHER 12. Name: JAMES M. PITTMAN
FATHER 13. Birthplace: KY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: LUCY CARTER
MOTHER 15. Birthplace: LAURENCE CO. IND (City, town, or county) (State or foreign country)
16. (a) Informant: Betty Pittman
(b) Address: 1316 Chouteau St.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-15-1943 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 So. Broadway, St. Louis, Mo.
19. (a) JUN 16 1943 (Date received local registrar) (b) C. H. McHaven M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 11 year 1943 hour 7 minute 57 P.M.
21. I hereby certify that I attended the deceased from 4 - 10, 1943, to 6 - 11, 1943; that I last saw him alive on 6 - 11, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	1 yr (?)
Due to:	
Due to:	
Other conditions: Diabetes Mellitus (Include pregnancy within 3 months of death)	?
Major findings: Of operations:	
Of autopsy: B-1	

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: Samuel S. Kincaid (M. D. or other)
Address: Koch Hosp. Koch, Mo. Date signed 6/12/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1948

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 Paul A. Franklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 3472

P. O. Address 78 1480 Belvy

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.