

FILED DEC 18 1943

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

43633

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 317
 (b) Township Jefferson Primary Registration District No. 3070
 (c) City Wentzville (d) Street No. 11001 Cornell Registered No. 2779
 (e) Length of residence in city or town where death occurred 20 yrs. - mos. - ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____ How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1001 Cornell St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>3 Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE	YEARS <u>about 75-</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>	If LESS than 1 day, ... hrs. or ... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Domestic</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humboldt, Tenn.</u>				
FATHER	13. NAME <u>Edward Pitts</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humboldt, Tenn.</u>			
MOTHER	15. MAIDEN NAME <u>Amanda Bailey</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Humboldt, Tenn.</u>			
17. INFORMANT (ADDRESS) <u>Marie Bobbitt</u> <u>1001 - Cornell ave</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Pickens</u> DATE <u>12-16</u> 19 <u>43</u>				
19. FUNERAL DIRECTOR (ADDRESS) <u>J. C. Lewis</u> <u>276 David Webster Groves</u>				
20. FILED <u>DEC 16 1943</u> <u>E. H. McFarren, M.D.</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11, 1943

22. I HEREBY CERTIFY, That I attended deceased from 10/11, 1943 to 12/11, 1943
 I last saw her alive on 12/11, 1943. Death is said to have occurred on the date stated above, at 9 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
D. E. F. & Arteriosclerosis
 Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Occurrence, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) [Signature], M. D.
 (Address) 822 - 10 Jefferson

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR BINDING

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