V.S. No. 2
100M—8-43
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

26511

State File No.

FILED SEP 8 1944 318

Registration District No. Primary Registration District No. 1002 Registrar's No. 2313

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hr 45 Mins (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. 2806 Franklin Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Infant Pittman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) 18 (Day) 44 (Year)
8. AGE: Years Months Days If less than one day 1 hr. 45 min.
9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name Tommy Pittman
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Early Mae Treadwell
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Esther M. Sherrard R.N.
(b) Address 2601 N. Whittier Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof AUG 24 1944 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY
18. (a) Signature of funeral director James Owens
(b) Address City Health Dept
19. (a) AUG 29 1944 (Date received local registrar) J. F. Bridges (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19 year 44 hour 1 minute 30 a.m.
21. I hereby certify that I attended the deceased from 4-18, 1944 to 4-19, 1944 that I last saw her alive on 4-19-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Atelectasis	
Due to Unknown	
Due to Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

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? (c) Means of injury
23. Signature L. W. Dinkler (M. D. or other)
Address 2601 N. Whittier St. Date signed 8-8-44

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8-44

(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.....

Licensed Embalmer No.....

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.