. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

State File No. 22097

FILED JUN 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5178

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: St. Louis City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 23-1
(If outside city or town limits, write "RURAL")
(d) Street No. 1904a Sidney St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Julia Mary Pitts
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Soloman Pitts
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 18 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Francis Lucus
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name Sarah Jane Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Christine McCluskey
(b) Address 1904a Sidney St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-10-46 (Month) (Day) (Year)
(c) Place: burial or cremation Walnut Ridge, Ark.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 10 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 12 minute 40 A.M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Fracture of right femur; Arteriosclerosis; While she was walking to the floor she fell
Due to April 19 1946 about 9:00 o'clock p.m.
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence April 19 1946
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature Patrick E. Taylor (M.D. or other)
Address Dep. Coroner Date signed 6/10/46

(Licensed Embalmer's Statement on Reverse Side)

5178

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 Elmer P. Padwell

Licensed Embalmer No. 4077

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.