

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38977**
Registrar's No. **9609**

FILED NOV 25 1946
Registration District No. **318**

Primary Registration District No. **1003**

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

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: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 yrs. 8 mos. 5 ds.**
In this community **25 yrs.**
years, months or days

3. (a) PRINT FULL NAME **BEN PITAR**
3. (b) If veteran, name war..... 3. (c) Social Security No.....
4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **Sgl.**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **Oct. 5 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 3 hr. min.

9. Birthplace **Austria Hungary**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business.....

12. Name **not known**

13. Birthplace **not known**
(City, town, or county) (State or foreign country)

14. Maiden name **not known**

15. Birthplace **not known**
(City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address **5400 Arsenal St.**

17. (a) **BURIAL** (b) Date thereof **NOV. 12-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY**

18. (a) Signature of funeral director **Carrollen Kelly**

(b) Address **4386 Lindell**

19. (a) **NOV 12 1946** (b) Registrar's signature **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **ood**
(c) City or town **St. Louis** **1317**
(If outside city or town limits, write "RURAL")
(d) Street No. **5400 Arsenal** **9**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Austria Hungary**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **8**
year **1946** hour **3:09** minute **A** M.
21. I hereby certify that I attended the deceased from **Jan.**
1, 19**42**, to **Nov. 8**, 19**46**;
that I last saw him alive on **Nov. 8**, 19**46**;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Confluent Broncho-Pneumonia 5 ds.

Due to **Multiple Lung Abscesses 1 week**
Cause of abscesses not known

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... **107**
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?

While at work..... (Specify type of place) (e) Means of injury.....
23. Signature **Respect Hovades** (M. D. or other) **M.D.**
Address **5400 Arsenal St.** Date signed **11/8/46**

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

Howard R. Rowland

Licensed Embalmer No.

3114

P. O. Address.....

St. Louis, Mo.

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.