No. 2
12-45
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X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1947

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 6814
1666

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

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3½ mos (Specify whether years, months or days)
In this community

**2. USUAL RESIDENCE OF DEACEASED:**

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 11 17
(d) Street No. 4031 Finney (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME John Pittman
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male 2
5. Color or race Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lula Pittman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 21 (Day) 1910 (Year)
8. AGE: Years 36 Months 9 Days 23 If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Policeman
11. Industry or business
FATHER 12. Name John Pittman O
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Lillie Carter
15. Birthplace Missouri (City, town, or county) O (State or foreign country)
16. (a) Informant Mrs Lula Pittman
(b) Address 4031 Finney Ave
17. (a) ~~Interment~~ (Burial, cremation, or removal) (b) Date thereof 2-19-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem
18. (a) Signature of funeral director Lee J. Snead
(b) Address 3615 Easton ave
19. (a) FEB 18 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 14 year 1947 hour 9 minute 50 A.M.
21. I hereby certify that I attended the deceased from 11-1, 1946 to 2-14, 1947; that I last saw him alive on Feb. 14, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Carcinoma of Rectum with Metastasis — Undet.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations
Of autopsy No

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 Clifford C. Hancock (M. D. or other)
Address 2601 N Whittier Date signed 2/15/47

(Licensed Embalmer's Statement on Reverse Side)

APR 2 1947

## 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.**