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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32912

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **8455**

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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 Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Enroute
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4255 Leclade Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lawrence Pittman

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2nd
year 1947 hour 1.30 minute P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Pittman

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased March 31 1904
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Occlusion
Coronary Sclerosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings; Of operations _____

Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>5</u>	<u>2</u>	<u>0</u> hr. <u>0</u> min.

9. Birthplace St. Louis Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation News Agent

11. Industry or business _____

12. Name Floyd Pittman

13. Birthplace Texas Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Susie Combs

15. Birthplace Fulton Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lawrence Pittman

(b) Address 4255 Leclade Ave.

17. (a) Burial (b) Date thereof Sept 6 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles

18. (a) Signature of funeral director Geo. L. Pleitsch Inc.

(b) Address 5966 50th Easton Ave.

19. (a) SEP 5 1947 (b) J. F. Biedack
(Date received local registrar) (Registrar's signature)

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) Manner of injury 3

23. Signature Alfred J. Perry (M. D. or other) _____
Address Deputy Coroner Date signed 9-5-47

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clement McManis
Licensed Embalmer No. 3732
P. O. Address St. Louis

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.