

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1003 State File No. 42696  
Registrar's No. 10725

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY <u>0</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>2119</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>4035 a Finney</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u> b. (Middle) _____ c. (Last) <u>Pittman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 12, 1950</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>	8. DATE OF BIRTH <u>March 13, 1913</u>		9. AGE (In years last birthday) <u>37</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>John Pittman</u>		13b. MOTHER'S MAIDEN NAME <u>Lillie Carter</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>488-12-9372</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hans Bende</u> ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Transverse Colon with Metastasis</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None indicated</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Undet.</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>153X</u>			
22. I hereby certify that I attended the deceased from <u>12-7</u> , 19 <u>50</u> , to <u>12-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>12-12</u> , 19 <u>50</u> , and that death occurred at <u>9:45p</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Montague Lawrence</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>2601 N Whittier St</u>		23c. DATE SIGNED <u>12-14-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>12-17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>Natural Bridge</u>		
DATE REC'D BY LOCAL REG. <u>DEC 15 1950</u>		REGISTRAR'S SIGNATURE <u>J. Blanton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Sneed</u> ADDRESS <u>3615 Custon. ave</u>		

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

Faint, mostly illegible text at the top of the page, possibly containing names and dates.

**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.....

.....  
working under my personal supervision.

~~Student Embalmer No.~~.....

Signed.....  
Student Embalmer

Signed Leroy W. Fannister  
Licensed Embalmer No. 4523  
P. O. Address 3888 Epton Ave.

**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.