

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14659

State File No. ....

FILED MAY 1- 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3789**

3

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>9 1/2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jewish Hospital (D.O.A.)</b>		d. STREET ADDRESS (If rural, give location) <b>19 4001 Washington Blvd.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Orville</b> b. (Middle) <b>E.</b> c. (Last) <b>Pittis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 21, 1952</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>Dec. 16, 1892</b>
9. AGE (In years) (last birthday) <b>59</b>		IF UNDER 1 YEAR Months <b>4</b>	IF UNDER 24 HRS. Days <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Order Clerk, Witte Hardware Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>E.H. Pittis</b>		13b. MOTHER'S MAIDEN NAME <b>Minnis Bethel</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Lula Pittis</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>493-07-6113</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lula Pittis, 4001 Washington Blvd.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) <b>Hypertensive cardio-vascular disease</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>443X</b>			
22. I hereby certify that I attended the deceased from <b>Jan 1, 1952</b> , to <b>Apr. 21, 1952</b> , that I last saw the deceased alive on <b>April 19, 1952</b> , and that death occurred at <b>12 noon</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Richard W. Maxwell M.D.</b>		23b. ADDRESS <b>3720 Washington</b>	
23c. DATE SIGNED <b>4-22-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		24b. DATE <b>4-23-52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
DATE REC'D BY LOCAL REG. <b>APR 22 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	
FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm J. Salter

Licensed Embalmer No. 4699

P. O. Address St Charles, Ill

**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.

EMBALMER