

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42711BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 11212

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>5 Yrs</u> | | d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Homer G. Phillips</u> | | e. STREET ADDRESS (If rural, give location) <u>3142, PAINT (Rear) Cass Avenue</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Dollie</u> b. (Middle) c. (Last) <u>Pitts</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12 5 54</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>COL.</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>5 -- 2 -- 1889</u> |
| 9. AGE (In years last birthday) <u>65</u> | # UNDER 1 YEAR <u>7</u> | # UNDER 1 YEAR <u>3</u> | # UNDER 1 MIN. <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
| 13a. FATHER'S NAME <u>Edna Sew McDonald</u> | 13b. MOTHER'S MAIDEN NAME <u>Emma Hawkins</u> | 14. NAME OF HUSBAND OR WIFE <u>Shuge Pitts</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eulenia Stewart 3142A, (Rear) Cass Ave</u> | |
| 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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>Undt.</u> |
| 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) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>331X</u> | |
| 22. I hereby certify that I attended the deceased from <u>12-3</u> , 19 <u>54</u> , to <u>12-5</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-5</u> , 19 <u>54</u> , and that death occurred at <u>12:50A.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Edw. B. Williams M.D.</u> | | 23b. ADDRESS <u>2601 N. Whittier</u> | 23c. DATE SIGNED <u>12-6-54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>12/10/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Invernace Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Invernace Mississippi</u> |
| DATE REC'D BY LOCAL REG. <u>DEC 9 1954</u> | REGISTRAR'S SIGNATURE <u>Carl Smith</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McDonald Houston 2616, N. Garrison Ave.</u> | |

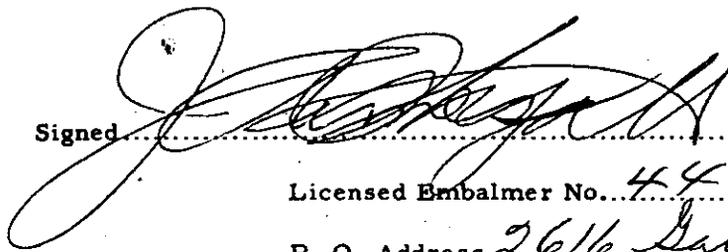
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 44

P. O. Address 2616

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.