

FILED MAY - 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15146

Registration District No. 318 Primary Registration District No. 1003 STATE FILE NUMBER 3993 Registrar's No.

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS | | c. CITY OR TOWN ST. LOUIS | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEWISH HOSP. | | Length of stay in lb 1 DAY 2 | |
| 3. NAME OF DECEASED (Type or print) HERBERT F. PITTANA | | 4. DATE OF DEATH APRIL 24 1957 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH JAN 7, 1893 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PHARMACIST | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 64 |
| 11. BIRTHPLACE (City and state or country) MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13. FATHER'S NAME AMERICUS PITTANA | | 14. MOTHER'S MAIDEN NAME SOPHIE BARTEL | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 488-09-4883 | |
| 17. INFORMANT Theresa Pittana | | Address 4910 W. Pine | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary infarction Calcific aortic stenosis DUE TO (b) Calcific aortic stenosis DUE TO (c) Arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Infarction left kidney (embolic) 4/20/57 | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 5 yrs |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY STATE |
| 21. I attended the deceased from Nov. 10 1956 to April 24 1957 and last saw him alive on April 24 1957 Death occurred at 11:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Hy Rosenfeld (Degree or title) Hy Rosenfeld MD | | 22b. ADDRESS 3903 Olive 3903 Olive | 22c. DATE SIGNED APR 26 1957 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | 23d. LOCATION (City, town, or county) (State) |
| BURIAL | APRIL 27, 1957 | ST. MATTHEW CEM. | ST. LOUIS MO |
| 24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Brewster | | 25. DATE RECD. BY LOCAL REG. APR 26 '57 | 26. REGISTRAR'S SIGNATURE J. Carl Smith MD msc |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....
Leo J. Budde
Licensed Embalmer No. 398

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