MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space

19422

1. PLACE OF DEATH
County: St Louis — Registration District No.: 1123 — File No.:
Township: Carondelet — Primary Registration District No.: 6248 B — Registered No.: 231
City: Koch Mo. (No. Robt. Koch Hospital St. Ward)

2. FULL NAME: Fred Pittman

(a) Residence. No. 5018 Genevieve St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 10 mos. 4 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Pittman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 2, 1863

7. AGE: Years 63 — Months 11 — Days 28 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN):
(STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Chas. Pittman
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Not Known

14. INFORMANT: Koch Hosp. Records
(Address): Koch Mo.

15. Filed June 19, 1927 L. C. Obrock M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 19 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug. 14, 1927, to June 19, 1927 that I last saw h. alive on June 19, 1927 and that death occurred, on the date stated above, at 3 pm m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not Know
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray Sputum
(Signed) Ralph R. Ehrlich, M. D.
, 19 (Address) Koch Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory — DATE OF BURIAL: 6/20 1927
20. UNDERTAKER: Hy. Liedman V. Co. — ADDRESS: St. Louis

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD