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

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.

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

Do not use this space.

12518

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 1619 Pennsylvania St. ..... Ward)

File No. ..... Registered No. 3834

2. FULL NAME John C. Pitt

(a) Residence. No. 1619 Pennsylvania St. 17 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lee D. Pitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-24-1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	0	2	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Watchman 182
(b) General nature of industry, business, or establishment in which employed (or employer) night
(c) Name of employer Retired

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Joseph Pitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.
12. MAIDEN NAME OF MOTHER Elizabeth Crawford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky.

14. INFORMANT Lee D. Pitt
(Address) 1619 Pennsylvania

15. FILED MAR 23 1931 Max C. Starkey REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-26 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1931, to Death, 19..., that I last saw him alive on 3/26/31, 19..., and that death occurred, on the date stated above, at 5.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Liver & Bile Passage
46E
121D Don't Known
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) obstructive Jaundice
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? 46E
IF NOT AT PLACE OF DEATH 0
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Repeat
(Signed) H. J. Shul, M. D.
, 19 (Address) 2767 2 Park.

*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	DATE OF BURIAL
St Mathews	3-28 1931

20. UNDERTAKER	ADDRESS
McLaughlin	1631 Mo

e.+Pars
11 am