

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No.)

File No. **22663**
Registered No. **6504**
St. Ward)

2. FULL NAME

(a) Residence, No. 5351 Delmar St., 17 Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 2 yrs. 5 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edw. Lane</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 16 - 1846</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>1</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Southern Island</u> <u>Mo.</u>		
13. NAME <u>Robert Pitzer</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>		
15. MAIDEN NAME <u>Alina Pitman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Florida</u>		
17. INFORMANT (ADDRESS) <u>Mrs. H. Haller</u> <u>5351 Delmar City</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Am</u> DATE <u>July 27</u> , 19 <u>34</u>		
19. UNDERTAKER (ADDRESS) <u>Alexander & Sons</u> <u>6175 Delmar</u>		
20. FILED <u>11</u> - <u>2</u> 19 <u>34</u> <u>J. Bredeck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1934

22. I HEREBY CERTIFY That I attended deceased from July 19, 1931, to June 30, 1934
I last saw h. t. v. alive on June 30, 1934 Death is said to have occurred on the date stated above, at 11:45 P. M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Senility
Other contributory causes of importance:
Senility

Date of onset	<u>1 year</u>
	<u>2 yrs.</u>

Name of operation..... Date of.....
What test confirmed diagnosis? P. M. Ex. Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) Robert Cameron, M. D.
(Address) 509 N. Grand Blvd.

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.

AUG 15 1934

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