

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.

DEC 4 1936

39954

1. PLACE OF DEATH

County St. Louis Registration District No. Missouri 1123
 Township Union Primary Registration District No. 6248B
 City Jefferson Barracks (No.) Veterans Administration Facility (Ward)

File No.
 Registered No. 403

2. FULL NAME Albert PITMAN

(a) Residence, No. 1038 Eureka Flats, Newstead & Fairfax Sts., St. Louis, Missouri
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Unavailable yrs. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Mrs. Nora Pitman</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 7, 1888</u>				
7. AGE	YEARS <u>48</u>	MONTHS <u>7</u>	DAYS <u>15</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mover</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unavailable</u>
	10. Date deceased last worked at this occupation (month and year) <u>unavailable</u>
	11. Total time (years) spent in this occupation <u>unknown</u>

12. BIRTHPLACE (CITY OR TOWN) Brunswick,
 (STATE OR COUNTRY) Missouri

13. NAME unavailable

14. BIRTHPLACE (CITY OR TOWN) unavailable
 (STATE OR COUNTRY) unavailable

15. MAIDEN NAME Alice J

16. BIRTHPLACE (CITY OR TOWN) unavailable
 (STATE OR COUNTRY) unavailable

17. INFORMANT E. S. Pitman
 (ADDRESS) Act. Clin. Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery Oct. 26, 1936

19. UNDERTAKER Charles J. Sales
 (ADDRESS) 107 Finney Avenue

20. FILED Oct 24, 1936 E. Mowery
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 11, 1936, to October 22, 1936
 I last saw him alive on October 22, 1936 Death is said to have occurred on the date stated above, at 8:20 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Esophagus (Date of onset) Unkwn

Other contributory causes of importance: Bronchopneumonia, right lung, lower lobe (Date of onset) Unkwn

Name of operation none Date of
 clinical manifestations, phy. exam. Was there an autopsy? YES
 What test confirmed diagnosis? laboratory

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?
 If so, specify
 (Signed) W. L. Fleck Acting Chief Medical M. D.
 (Address) Officer, Jefferson Barracks, Mo.

100-100000-100000

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/50

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]