

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer Phillips Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 2 years
years, months or days)

3. (a) PRINT FULL NAME George Pitman

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Feb 5 1897
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 20 If less than one day
..... hr. min.

9. Birthplace Jeff Davis County, Miss
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business.....

MOTHER FATHER
12. Name Annie Pitman
13. Birthplace Jeff Davis County, Miss
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Jeff Davis County, Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Wesley Pitman

(b) Address 1100 N. Taylor

17. (a) Burial (b) Date thereof 12-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Ellis H. Hunt

(b) Address 2820 Stoddard St.

19. (a) DEC 30 1941 (b) J. F. Bredick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1100 N. Taylor
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25,
year 1941 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from December 23, 1941 to December 25, 1941,
that I last saw him alive on December 25, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
Pulmonary Tuberculosis Unk.

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature J. W. Johnson (M. D. or other) 12-26-41
Address 2601 N. Whittier Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 L. B. Boykin

....., Registered Apprentice No. my
working under my personal supervision.

Signed L. B. Boykin

Licensed Embalmer No. 294

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 this body is not embalmed, fact should be so stated above.