

No. 2
4-13-40
5-17-39
-I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9080
3314

State File No.

Registrar's No.

FILED APR 20 1942

Registration District No. 791

Primary Registration District No.

0
7
9

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 44 min.
(Specify whether In this community 44 min. years, months or days)

3. (a) PRINT FULL NAME Pitzer (unnamed)

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex Female 5. Color or race wh.

6. (a) Single, widowed, married, divorced Infant

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased April 14 - 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

hr. 44 min.

9. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER { 12. Name Edwin Vernon Pitzer

13. Birthplace St. Louis, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Helen Louise Robyn

15. Birthplace Maplewood, Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Father

(b) Address 7720 Jerome

17. (a) Maplewood, Mo. (b) Date thereof 4-14-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester

19. (a) APR 14 1942 (b) J. F. Bradeck
(Date received local Registrar's signature) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis County 096

(c) City or town Maplewood NR 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7720 Jerome
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1942 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from 4-14-42
1942 to 4-14 1942
that I last saw her alive on 4-14-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Micro. Cephalus

Due to.....

Due to..... 157

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

Duration

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

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?
.....
(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature Henry Pingo (M. D. or other) 0
Address 634 N Grand Date signed 4/14/42

847 (Licensed Embalmer's Statement on Reverse Side)

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.....

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

2
Not Embalmed

Signed..... *E. H. Burgess* 402
Per, Marie Smith
Licensed Embalmer No.....

P. O. Address.....

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.