

Registration District No. 24

Primary Registration District No. 200

Registrar's No. 1560

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Wallerston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1562 Valle Avenue.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Wallerston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1562 Valle Avenue  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Herman E. Pitts

3. (b) If veteran, name war..... none  
3. (c) Social Security No. .... none

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Cora Pitts  
6. (c) Age of husband or wife if alive 64 years  
7. Birth date of deceased October 13, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 9 5 hr. .... min.

9. Birthplace Newcastle Pa  
(City, town, or county) (State or foreign country)

10. Usual occupation Plumbers Helper

11. Industry or business Retired 4 years

MOTHER FATHER  
12. Name William Pitts  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Savilla Welk  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Pitts  
(b) Address 1562 Valle Avenue

17. (a) Burial (b) Date thereof July 21, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Clair, Mo.

18. (a) Signature of funeral director Shepard Funeral Home  
(b) Address 1167 Hamilton Avenue.

19. (a) JUL 19 1942 (b) H. P. Mc Sp...  
(Date received local registrar) (Registrar's signature)  
Address 1526 Hadamant Date signed 7/18/42

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18, 1942  
year 9 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Jan 10 - 42  
to July 18, 1942  
that I last saw him alive on July 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Infirmities of age

Due to 162 h  
Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy

Duration

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 H. P. Mc Sp... (M. D. or other)  
Address 1526 Hadamant Date signed 7/18/42

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

46  
00

**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.

Signed J. S. Sullivan

Licensed Embalmer No. 1122

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.**