

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

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

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. 3017 Rutger st (Rear)
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louisa Pitts

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

4. Sex F 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 Dead years

7. Birth date of deceased about 1980
(Month) (Day) (Year)

8. AGE: Years About 63 Months Days If less than one day hr. min.

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

10. Usual occupation House Work

11. Industry or business

12. Name George Dodd

13. Birthplace Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Green

15. Birthplace St Louis MO
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Price

(b) Address 4214 Evans ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25 48
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lafayette Blvd

19. (a) JAN 24 1948 (Date received local registrar) J. F. Bussard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20th
year 1943 hour 6:05 minute P. M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;

that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Sclerosis;
Arteriosclerosis;

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Lyda Hughes*
Licensed Embalmer No. *2938*
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.