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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 11 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7,681

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 469

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL," and name of township)
(c) Name of hospital or institution: 3111-Chaucer 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 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 3111-Chaucer Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Virginia Pittis

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

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

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

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Sep (Month) 30 (Day) 1862 (Year)

8. AGE: Years 80 Months 4 Days 21 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Eaches
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Amanda Quisenberry
15. Birthplace Pattonville (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Edwin Howard Pittis
(b) Address 3111-Chaucer Ave-Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Baumann Bros Inc
(b) Address 2504-Woodson Rd-Overland, Mo.

19. (a) FEB 26 1943 (Date received local registrar) (b) C. G. McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1943 hour 10 am minute 31 A M.

21. I hereby certify that I attended the deceased from Feb. 15 1943 to Feb. 20 1943 that I last saw her alive on Feb. 15 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia — Duration 5 days

Due to La Grippe — 3 days

Due to

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

Major findings:
Of operations — 33 b.
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? (Specify type of place)
While at work? — (e) Means of injury —

23. Signature F. L. Feeley M.D. (M. D. or other)
Address 9321 Midland Date signed 2-27-43

(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.

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address Overland Mo.

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.