. S. No. 2
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5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1943

Registration District No. 918 Primary Registration District No. 1003 State File No. 23371 Registrar's No. 6254

**1. PLACE OF DEATH:**

(a) County 2601.N.Whittier, St,
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HomerG.Phillips Hospital. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day (Specify whether
In this community (24) yrs, years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri. (b) County 721
(c) City or town StLouis, (If outside city or town limits, write "RURAL")
(d) Street No. 2702A.Delmar, (If rural, give location)
(e) Citizen of foreign country? Born U.S.OF.A. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Willie Maude Pitts,

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

4. Sex Female 5. Color or race 3 Colored 6. (a) Single, widowed, married, divorced 0 Single

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

7. Birth date of deceased Sept 30th, (Month) (Day) 1916. (Year)

8. AGE: Years 26 Months 9 Days ~~18~~ 8 If less than one day hr. min.

9. Birthplace Ripley, (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Domestic,

11. Industry or business House work,

FATHER
12. Name George Pitts,
13. Birthplace Tenn. (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Johnella Byous.
15. Birthplace Ripley, (City, town, or county) Tenn. (State or foreign country) 1

16. (a) Informant Mrs. Maude L. Byous
(b) Address 918.N.19th,Street,StLouis,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 12th43. (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem'y

18. (a) Signature of funeral director R.C.Houston Jr.
(b) Address 2812 Thomas, St.,StLouis,Mo.

19. (a) JUL 10 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July 8th, year 1943. hour 5:015. minute 0. 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 Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 13

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? (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred J. Kerry (M. D. or other)
Address Deputy Coroner Date signed 7/9/43

(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

My self, Registered Apprentice No.

working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2266

P. O. Address 2812, Thomas St

**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.**