S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

35324

State File No. .....

Registration District No. 317 Primary Registration District No. 9465 Registrar's No. 2202

1. PLACE OF DEATH:

(a) County St. Louis.
(b) City or town Rock Hill
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1031 Charleville
(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 96
(c) City or town Rock Hill 14
(If outside city or town limits, write "RURAL")
(d) Street No. 1031 Charleville 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Lilly May Pitman

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

4. Sex 1 Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Divorced
6. (b) Name of husband or wife George Bryant Pitman
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Jan. 23, 1875 (Month) (Day) (Year)

8. AGE: Years 69 Months 9 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Adair Co. (City, town, or county) Kentucky 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name Wm Edmonds
13. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Emily Dooley
15. Birthplace ..... (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Mrs. Tanchion Roth
(b) Address 1031 Charleville Rock Hill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 27, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester, Maplewood, Mo.
19. (a) OCT 30 1944 (Date received local registrar) (b) E. G. McGavran M.D. (Registrar's signature) CMS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24 year 1944 hour 9 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from July 10, 1944 to Oct 24, 1944 that I last saw ..... alive on on Oct 24, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to .....

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

23. Signature J. J. Vizgirdma (M. D. or other)
Address 911 Clayton R. Date signed 10/26/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Vergird
3807 N. Grand
10-12 - 3-4.30
AM PM
NE 7447

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 3456

....., Registered Apprentice No.....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3456

P. O. Address 7456 Manchester

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.