S. No. 2
—9-4-41
5-17-39
PI · X29484

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

16730

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1946

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17851

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 180

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 113 E. School
(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. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 113 E. School
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME VERNON LEE PITTS

3. (b) If veteran, name war ✓

3. (c) Social Security No. 490-03-6902

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Alice Pitts

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Oct. (Month) 21 (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	6	28	..... hr. ..... min.

9. Birthplace Foristell (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Supervisor of Stores

11. Industry or business B. J. Farming & Cattle Co

FATHER
12. Name Peyton R. Pitts
13. Birthplace ..... (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Martha Ellis
15. Birthplace Foristell (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alice Pitts
(b) Address 113 E. School Bonne Terre Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-21-46 (Month) (Day) (Year)
(c) Place: burial or cremation St. Francois Memorial Park

18. (a) Signature of funeral director Benham Wood Co
(b) Address 313 Benham Bonne Terre Mo

19. (a) 5-27-46 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1946 hour 9:40 minute P M.

21. I hereby certify that I attended the deceased from May 19, 1946, to May 19, 1946 that I last saw him alive on May 19, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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) no

(b) Date of occurrence no

(c) Where did injury occur? no (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 Van N. Taylor (M. D. or other)

Address Bonne Terre, Mo Date signed 5-20-46

289 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 646-225

Date Filed 6-10-46

JUL 10 1946

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 C. J. Claywell

Licensed Embalmer No. 3796

P. O. Address Bonne Terre 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.