

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18788

FILED MAY 31 1946
318

Primary Registration District No. 1003

Registrar's No. 4454

1. PLACE OF DEATH:

(a) County ST. LOUIS - MISSOURI
(b) City or town ST. LOUIS - MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Hospital
(Specify whether
In this community
years, months or days)

3. (a) PRINT
FULL NAME

Ralph Pitts

3. (b) If veteran,
name war

NONE

3. (c) Social Security
No. NONE

4. Sex Male

5. Color or
race WHITE

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

6. (b) Name of husband or wife
PAULINE

6. (c) Age of husband or wife if
alive years
13 1898

7. Birth date of deceased

April
(Month)

13
(Day)

1898
(Year)

8. AGE:

Years

Months

Days

If less than one day

48

1

3

hr.

min.

9. Birthplace

HICKORY
(City, town, or county)

Mo
(State or foreign country)

10. Usual occupation

FARMER

11. Industry or business

12. Name

GEORGE W. PITTS

13. Birthplace

Mo
(City, town, or county)

0
(State or foreign country)

14. Maiden name

LOUISE MEADOWS

15. Birthplace

KENTUCKY
(City, town, or county)

1
(State or foreign country)

16. (a) Informant

MRS PAULINE PITTS

(b) Address

URBANA, MO

17. (a)

BURIAL
(Burial, cremation, or removal)

(b) Date thereof

5-20-46
(Month) (Day) (Year)

(c) Place: burial or cremation

URBANA, MO

18. (a) Signature of funeral director

Robert W. Hopper

(b) Address

4700 Washington Blvd

19. (a)

MAY 17 1946
(Date of death)

J. F. Bremer
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DALLAS
(c) City or town RURAL URBANA
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th
year 1946 hour one minute 30 p. M.

21. I hereby certify that I attended the deceased from
March 30, 1946 to May 16, 1946
that I last saw him alive on May 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis Chy

Due to

Due to

Other conditions Manic Depressive Psychosis
(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?

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

23. Signature W. Unterberg (M. D. or other)
Address 325 E. Main St. Kansas City Date signed 5/17/46

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 Elmo R Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.