

FILED AUG 5 1946
 318

Registration District No. Primary Registration District No. **1003** Registrar's No. **6526**

1. PLACE OF DEATH:
 (a) County
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Born outside of Hospital 3
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Hrs. 30 Mins.
 (Specify whether
 In this community
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4333 St. Ferdinand
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Infant Pitts
 3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 2 5. Color or race Negro
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife 6. (c) Age of husband or wife if
 alive years
 7. Birth date of deceased: 7 12 46
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 hr. 30 min.

9. Birthplace St. Louis Missouri 0
 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER {
 12. Name Haywood Pitts
 13. Birthplace Mississippi
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucy Simmerson
 15. Birthplace Missouri 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Burnie
 (b) Address 2601 N. Whittier
 17. (a) Burnie (b) Date thereof JUL 25 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Y. B. Hudson
 (b) Address City Health Dept
 19. (a) JUL 25 1946 (b) J. F. Brebeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 13
 year 1946 hour 8:15 minute A. M.
 21. I hereby certify that I attended the deceased from 11:45 P. M.
7 - 12, 1946, 8:15 A.M. 7-13, 1946
 that I last saw him alive on 7 - 13, 1946;
 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
 Due to
 Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy No

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. J. Snyder (M. D. or other)
 Address 2601 N. Whittier Date signed 7/27/46

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

000
17
119
0

159

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

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.