V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28964

FILED SEP 14 1946

Registration District No. 918 Primary Registration District No. Registrar's No. 2587

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos (Specify whether years, months or days)

In this community

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 003

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2032 Carr Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Thomas Pittman

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced — 9

6. (b) Name of husband or wife —

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

7. Birth date of deceased March (Month) 2 (Day) 1878 (Year)

8. AGE: Years 68 Months 5 Days 29 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown ? 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) ? 9 (State or foreign country)

16. (a) Informant Parreadier Jones
(b) Address 2954 Thomas St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-4-46 (Month) (Day) (Year)
(c) Place: burial or cremation St Peter's Cemetery

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) SEP 3 1946 (Date received by local registrar) (b) J. F. Brescek (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 29 year 1946 hour 11 minute 20 A M.

21. I hereby certify that I attended the deceased from 6-21, 1946, to 8-29, 1946, that I last saw him alive on August 29, 1946 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Bronchopneumonia (terminal) | Undet. |
| Cirrhosis of Liver; Prim. Carcinoma | |
| Due to Autopsy revealed malignancy. | |
| Due to | |
| Other conditions Hypertrophy Prostate (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy Yes

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 E. B. Williams (M. D. or other)
Address 2601 N Whittier Date signed 8/30/46

(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 L Boykin

....., Registered Apprentice No. M

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis 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.**