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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 22 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19245

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4763

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis  
(c) Name of hospital or institution: 6425 Michigan Ave.,  
(d) Length of stay: In hospital or institution (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 6425 Michigan Ave.,  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Otto Pitts  
3. (b) If veteran, name war None 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased October 25, 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)  
10. Usual occupation Cigar Maker

11. Industry or business  
12. Name Valentine Pitts  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name Catherine (Unknown) (City, town, or county) (State or foreign country)  
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Otto Pitts  
(b) Address 6425 Michigan Ave.  
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof May 12, 1947 (Month) (Day) (Year)  
(c) Place: burial or cremation Pine Bluff, Ark.

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 S. Grand Blvd.  
19. (a) (b) J. J. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 10th year 1947 hour 11 minutes 15 M.  
21. I hereby certify that I attended the deceased from that I last saw him alive on and that death occurred on the date and hour stated above.

Immediate cause of death Duration  
Due to Coronary thrombosis  
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)  
(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? Means of injury 3  
23. Signature Palmer E. J. (M.D. or other) Date signed 5/14/47

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

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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 Cadwell*

Licensed Embalmer No.

*4277*

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.