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FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED MAR 15 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 4047

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 291

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Methodist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 weeks (Specify whether  
In this community 50 years. years, months or days)

3. (a) PRINT FULL NAME Simon Pitluck

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

7. Birth date of deceased July 20 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation President

11. Industry or business Shaare Sholem Congregation

12. Name Samuel Pitluck

13. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Burnett

15. Birthplace Unknown Russia  
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Pitluck

(b) Address 710 S. 10th St., St. Joseph, Mo.

17. (a) Burial (b) Date thereof Mar. 7, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaare Sholem Cemetery

18. (a) Signature of funeral director Walter Meierhoffer

(b) Address 1946 Colhoun St., St. Joseph, Mo.

19. (a) 3-10-48 (b) Lo L. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")  
(d) Street No. 710 S. 10th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th  
year 1948 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from  
year 1946, 1948, to March 5, 1948;  
that I last saw him alive on March 5, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypertatic Bronchopneumonia Duration 2 days  
Due to Carcinoma of Stomach 6 months

Due to HO B  
Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operation Jan 15, 1948 Ca of Stomach metastatic to the spleen  
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? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Irwin H. Rosenthal (M. D. MD.)  
Address St. Joseph, Mo. Date signed 3/6/48

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

MOTHER FATHER

MAR 13 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.....

working under my personal supervision.

Registered Apprentice No. ....

Signed *Raymond H. Morehead* .....

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.**