DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 28 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27816

Primary Registration District No. 1003

Registrar's No. 7372

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

1. PLACE OF DEATH:

(a) County

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

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

(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days)
In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4823 Page Ave. 9 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Pittman R. Hite

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife Ada D. Hite

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August (Month) 6 (Day) 1886 (Year)

8. AGE: Years 62 Months 01 Days 16 If less than one day hr. min.

9. Birthplace Hollybrooks (City, town, or county) La (State or foreign country)

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER

12. Name Pittman R. Hite, Sr.

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

14. Maiden name Polly Spencer

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

16. (a) Informant Lelia Conn

(b) Address 4823 Page Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-48 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Joseph Cartwright

(b) Address 2829 Washington Blvd.

19. (a) AUG 23 1948 (Date received local registrar) (b) J. F. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Aug. day 21
year 1948 hour 11 minute 0 A.M.

21. I hereby certify that I attended the deceased from July 8, 1948 to Aug 20, 1948
that I last saw h[illegible] alive on Aug 19, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Change	10 yr
Due to	
Due to	
Other conditions: Hypertension (Include pregnancy within 3 months of death)	10 yr

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature W. N. Strickland (M. D. or other)

Address 3903 Olive Date signed 8/21/48

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4441

P. O. Address 28 29 Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.