No. 300
-10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34569

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8686

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: Homer G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 68 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County —
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4059 Finney Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Charles A. Pitman

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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased August (Month) 13 (Day) 1879 (Year)

8. AGE: Years 68 Months 1 Days 19 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Real Estate salesman
11. Industry or business
FATHER
12. Name Peter Pitman
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Missouri Jarvis
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Alyce Bradley
(b) Address 4207 E. n. Market
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale Cem.
18. (a) Signature of funeral director Manuel Und. Co
(b) Address 4059 Finney Ave
19. (a) OCT 6 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3d
year 1948 hour 11:15 minute A M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia; Compound comminuted fracture of Right arm, when he was struck by the side of a bus, operated by one Walter Hensen, at the intersection of Vandeventer & West Belle Place around 3:27 P.M., October 2, 1948.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence 10-2-1948
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? no (e) Means of injury see above

23. Signature Patrick E. Taylor (M.D. or other) Dep. Cor
Address 1300 Clark Date signed 10-5-48

(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 W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4675 Aldine

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.