No. 300
10-48

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28554

BIRTH NO. 53739-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7165

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2109
d. STREET ADDRESS (If rural, give location): 4040 Potomac 0

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): Jane
c. (Last): Pitcher

4. DATE OF DEATH (Month) (Day) (Year): Aug. 22 1950

5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married
8. DATE OF BIRTH: Aug. 18 1950
9. AGE (In years last birthday): If under 1 year: Months / Days 4; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Robert F. Pitcher
13b. MOTHER'S MAIDEN NAME: Melva L. Meenen
14. NAME OF HUSBAND OR WIFE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Robert F. Pitcher 4040 Potomac

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythroblastosis fetalis. — INTERVAL BETWEEN ONSET AND DEATH: Congenital

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 770.0

22. *I hereby certify that I attended the deceased from* 8/18/50, 19__, *to* 8/22, 1950, *that I last saw the deceased alive on* 8/21, 1950, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE WOTAWA (Degree or title): [signature]
23b. ADDRESS: 3804 Wilmington Ave
23c. DATE SIGNED: 8/22/50.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 8-23-1950
24c. NAME OF CEMETERY OR CREMATORY: New St. Marcus
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: AUG 23 1950
REGISTRAR'S SIGNATURE: J. B. Sasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wm. Schumacher 3013 Meramec

(Licensed Embalmer's Statement on Reverse Side)

Wm J. Watson
3804 Wilmington

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.

Student Embalmer No.....

Signed Gustav W. Dutele

Signed.....
Student Embalmer

Licensed Embalmer No. 4339

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.