

THE DIVISION OF HEALTH OF MISSOURI

FILED DEC 1 1950

STANDARD CERTIFICATE OF DEATH 1003

State File No. 38924
3774

BIRTH NO. 77299-5A		REG. DIST. NO. 318		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, mo		c. LENGTH OF STAY (in this place) 8 hrs 43 min		c. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis 2059			
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 5728 Westminster Pl.			
3. NAME OF DECEASED (Type or Print) a. (First) Roger		b. (Middle) Steven		c. (Last) Pitts		4. DATE OF DEATH (Month) (Day) (Year) 11 - 17 - 1950	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 11-17-1950	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) St. Louis 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Cank Murris Pitts			13b. MOTHER'S MAIDEN NAME Shelma Pearl Neagle			14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Cank Murris Pitts - 5728 Westminster Pl. St. Louis, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 776X					
22. I hereby certify that I attended the deceased from Nov. 17, 1950, to Nov 17, 1950, that I last saw the deceased alive on Nov 17, 1950, and that death occurred at 8:50 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Nicholas Vitale M.D.				23b. ADDRESS 3861 St. Louis Ave.		23c. DATE SIGNED 11/17/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-17-50		24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Summersville, Mo.	
DATE REC'D BY LOCAL REG. NOV 17 1950		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Albert H. Hoppe, 4700 Washington Blvd.			

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

9774

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Robert M. Murray

Licensed Embalmer No.

37490

P. O. Address

St. Louis

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.