No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 26 1951

State File No. 25126

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5913

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): Mo. Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mayland Heights 4250
d. STREET ADDRESS (If rural, give location): 117-Delord Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas Tom
b. (Middle): William
c. (Last): Pitzer

4. DATE OF DEATH (Month) June (Day) 29 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 31, 1892
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Terminal R.R.
11. BIRTHPLACE (State or foreign country): Christian County, Kentucky
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William W. Pitzer
13b. MOTHER'S MAIDEN NAME: Mary Triplett
14. NAME OF HUSBAND OR WIFE: Ria K. Pitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Ria K. Pitzer Robertson, Mo. R#1 Box 319

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) 1. Pulmonary Congestion; 2. Chronic Aortitis; 3. Fracture of left leg, suffered when deceased slipped from foot-board of Terminal Engine #574 at foot of Madison Street about 11:20 A.M., June 27, 1951, while working as switchman, Engine operated by Wm. Halfacre, fireman; and Frank Francis, engineer.

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Add accident
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) June (Day) 27 (Year) 51 (Hour) 11:20 A.M.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: E800 X

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11:00 A.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Lewis Deputy Coroner
23b. ADDRESS: 1300 Clark
23c. DATE SIGNED: 6/30/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-3-1951
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cty
24d. LOCATION (City, town, or county) (State): Normandy, Missouri, Mo.

DATE REC'D BY LOCAL REG.: JUL 2 1951
REGISTRAR'S SIGNATURE: J B Foster
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Baumann Bros. Inc. 2504-Woodson Rd- Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 26 1951

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 me

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Oscar F. Mueller

Signed.....
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 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.